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Boston University

BOSTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH

Dissertation

**EVALUATING THE EFFECTIVENESS OF ONLINE CAPACITY BUILDING RESOURCES
ON CAPACITY IMPROVEMENT OF LOCAL NIGERIAN NGOS SERVING ORPHANS
AND VULNERABLE CHILDREN**

by

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**EVALUATING THE EFFECTIVENESS OF ONLINE CAPACITY BUILDING RESOURCES
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ABSTRACT

Statement of the problem

While non-governmental organizations (NGOs) play an important role in providing services, care and support to vulnerable populations, often small and medium sized NGOs in developing countries lack the capacity (i.e., systems and structures) to effectively carry out their functions. Many capacity-building interventions (e.g., staff training and technical assistance) are resource intensive, and not affordable to small and medium NGOs. The objective of this study is to assess the effectiveness of online capacity building resources, a non-conventional and less resource intensive capacity building method, in helping small and medium sized Nigerian NGOs build capacity.

Method

We conducted a mixed-methods evaluation using a two-arm cluster randomized controlled trial with 72 NGOs across five states in Nigeria. All NGOs received a baseline organizational capacity assessment, using the Measuring Organizational Development and Effectiveness (MODE) tool. Organizational capacity was scored on a scale between 0

and 100, where the higher value indicates higher capacity. The treatment group received written recommendations and online resources on capacity building; the comparison group received only written recommendations. The outcome of interest was the change in the organizational capacity of the NGOs after six months measured using the MODE tool. Also, we conducted in-depth interviews of 25 NGO directors.

Result

At baseline, young (age ≤ 10 years), and less resourced (annual budget $< \$25,000$) NGOs had weaker organizational capacity. At endline, there was significant improvement in organizational capacity score for NGOs in both the experiment group (15.4 percentage points increase ($p < 0.0001$)) and comparison group (19.1 percentage points increase ($p < 0.0001$)). However, multilevel regression analysis showed no statistically significant difference in organizational capacity improvement between the two groups ($p = 0.09$). Improvement in organizational capacity was inversely associated with baseline organizational capacity ($p < 0.0001$). Qualitative data showed that peer networking, engagement of stakeholders in organizations' capacity building decision making, and internal task sharing bolstered organizations' ability to improve capacity.

Conclusion

Capacity assessment and provision of written capacity building recommendations to NGOs (with or without online resources) helped small and mid-sized NGOs strengthen their organizational capacity within six months. The effectiveness of the intervention is greater among NGOs with weaker organizational capacity at baseline.

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LIST OF ABBREVIATIONS

AONN	Association of OVC NGOs of Nigeria
ASSIA	Applied Social Science Index and Abstracts
BUGHD	Boston University Center for Global Health and Development
CAC	Corporate Affairs Commission
CBO	Community Based Organization
CCF	Compassion Capital Fund
CEY	Communities Empowering Youths
CRS	Catholic Relief Services
FBO	Faith Based Organization
FHI	Family Health International
HLM	Hierarchical Linear Model
ITT	Intention to Treat
JSI	John Snow International
MODE	Measuring Organizational Development and Effectiveness
MOST	Management and Organizational Sustainability Tool
MSH	Management Sciences for Health
NGO	Non-governmental Organization
NPO	Non-profit Organization
OVC	Orphans and Vulnerable Children
PI	Principal Investigator
SHFBCF	Second Harvest Food bank and Central Florida

CHAPTER 1: INTRODUCTION

1.1 Statement of the problem

Globally, non-governmental organizations (NGOs) play an important role in providing services, support, care and resources to the most underserved sections of the society, such as poor women and children, orphans, and the homeless [1]. In Nigeria, NGOs play a critical role in providing education, food, healthcare and other social services to the 17.5 million orphans and vulnerable children in the country [2, 3]. However, most NGOs in Nigeria are small and mid-sized organizations and like other similar NGOs in low and medium income countries, lack the institutional capacity to effectively deliver services [4].

Given the vital role that NGOs play in providing services to vulnerable populations, there has been a global interest in improving their capacity to more effectively serve its populations [5]. NGOs' capacity refers to the resources (materials, skills, systems etc.) that NGOs need to carry out their programs and achieve desired outcomes [6,7]. This study addresses NGO capacity building, defined as the process of building the systems and functions that an organization needs to efficiently, effectively, and sustainably achieve its goals [8]. Capacity building produces stronger organizations, thereby helping individual nonprofits and the nonprofit sector as a whole to deploy scarce often-limited resources more effectively [9,10].

Despite the importance of capacity building, many small and mid-sized NGOs in developing countries do not engage in organizational capacity building due to lack of

funds. Presently, the majority of capacity building support to NGOs is funded by external donors and too often consists of resource-intensive inputs, such as staff training, hiring of more hands, or short-term direct technical assistance [8,11]. Although there has been an increase in the funding of capacity building projects by external donors, there is often poor targeting of support: funding and capacity building assistance usually go to the medium and large-sized local NGOs, while the small NGOs with most need usually do not have access to capacity building funds and services [12]. Unfortunately, most small NGOs in developing countries cannot fund these capacity building initiatives without external assistance [13]. Thus most of these relatively new and small grassroots NGOs lack the knowledge, skills, capacity and finances to build the internal systems and structures that will lead to an efficient and sustainable organization [14,15].

The inability of small NGOs in developing countries to access the resources needed for capacity building has led to growing interest in non-conventional and non-resource intensive ways of building the organizational capacity of small local NGOs. Such non-conventional approaches include peer training models, and use of online and printed capacity building resources for self-directed capacity building [16,17].

To track progress in capacity building, we need to use validated tools that adequately capture a range of dimensions of capacity, using robust methods. Based on our literature review of capacity building research (described further in Chapter 3), we conclude that a good tool should:

- Rely on criteria which can be measured objectively, to the extent possible;

- Include the views of many stakeholders when documenting perceptions;
- Assess a wide range of dimensions of capacity;
- Apply to organizations at different stages of development (new, old) and size (big, small);
- Not use compound indicators (two or more questions in one);
- Build in next steps and reassessment components.

One organizational capacity assessment instrument that has these qualities, the Measuring Organization Development and Effectiveness (MODE) tool, was constructed at Boston University. The MODE tool, originally developed and field tested in India in 2011, was adapted from Management Science for Health's Management and Organizational Sustainability Tool (MOST, 3rd Edition. Management Sciences for Health, 2010). A comparison of the MODE tool with other capacity assessment tools is shown in Table 11 (Chapter 3), but briefly, the MODE tool is an externally administered assessment tool that takes about three hours to administer. It uses objective assessment criteria, which makes it easily replicable [18,19].

Between 2012 and 2014, we conducted a longitudinal capacity assessment of 44 local orphan and vulnerable children (OVC) NGOs in Ethiopia using the MODE tool. The study assessed the organizational capacity of small and mid-sized OVC NGOs in Ethiopia, measured changes in their organizational capacity over a two-year period (2012 – 2014) and evaluated the relationship between organizational capacity improvement, and health, educational and socio-economic outcomes in the children and families these

NGOs serve. We found that at baseline the age, budget and staff size of NGOs were positively associated with NGO organizational capacity, as measured by MODE.

However, during the reassessment of the NGOs after one year, we discovered that conventional capacity building interventions (technical assistance, workshops, and capacity building grants) from donors were not associated with improvement in organizational capacity of small and mid-sized NGOs as measured by the MODE tool.

Rather we discovered that providing NGOs with a set of actionable steps for improvement and allowing the NGOs to take ownership of and drive their own capacity building, was associated with improved capacity of the NGOs after one year.

The Ethiopian study left numerous unanswered questions: 1) Will the tool and the approach produce the same effects on OVC NGOs working outside Ethiopia? 2) Could NGOs improve capacity in shorter time periods than 12 months? 3) What would be the added value, if any, of providing online capacity building resources in addition to the capacity assessment and written feedback for building the capacity of the organizations?

In the current study, we seek to address these questions, which are of great interest to both the international donors who support NGOs, and the local NGOs themselves. The objectives of this study are to: 1) Assess the organizational factors associated with organizational capacity of small and mid-sized OVC NGOs in Nigeria; 2) Evaluate the effect of online capacity building resources following assessment with written feedback, on organizational capacity of small and mid-sized OVC NGOs in Nigeria

after six months; 3) Examine the processes that lead (or do not lead) to organizational capacity improvement of OVC NGOs in Nigeria after six months.

1.2 Background and Significance of the Study

1.2.1 Why is capacity building important to small and mid-sized NGOs in Nigeria?

We have defined capacity building as the “process of building the systems and functions that an organization needs to efficiently, effectively, and sustainably achieve its goals” [8]. Many of the NGOs in Nigeria are small, with limited resources to build their capacity and fulfill their mission. These NGOs more often than not are interested in creating new programs instead of building the organizational capacity they need to effectively, efficiently and sustainably run their existing programs [20]. This is because NGO managers know that the majority of donors, both individuals and foundations, are more interested in supporting short-term projects and programs with tangible products than building organizational capacity for effectiveness in the long term [20,21]. Capacity building is usually considered part of general administrative or operational cost and the nature of NGO funding requires that administrative costs be kept as low as possible [20,21]. The emphasis on projects has led to small NGOs paying little or no attention to organizational capacity building.

1.2.2 Why we are focusing on OVC NGOs

Our study focuses on OVC NGOs in Nigeria for several reasons. First, we felt that this study might be a way of helping to assess and possibly improve the capacity of small community based OVC NGOs who are struggling to support the over one million

orphans and vulnerable children internally displaced by the Boko Haram insurgency in Nigeria [22].

Second, the OVC NGOs have an active association in Nigeria (Association of OVC NGOs of Nigeria), making them an accessible set of organizations. Finally, we sought to build upon our initial study in Ethiopia that examined the impact of capacity assessment and written feedback on capacity improvement of OVC NGOs.

1.2.3 What capacity building approaches have been tried and to what end

There are several ways of helping NGOs build their capacity, including provision of capacity building grants, individualized direct technical assistance, printed and online resources, and trainings/workshops [8,11]. Few studies have assessed the effectiveness, cost effectiveness and impact of different capacity building models and these assessments showed varying degrees of success. The detailed findings of these studies are outlined in chapter 3.

The success of capacity building, no matter the method used, is influenced by internal and external factors, such as:

- Weak problem diagnosis. Most of the unsuccessful capacity building interventions were done without first doing a comprehensive capacity assessment to identify the gaps and problems in the organizations [23].
- Non-profits not ready for change/assistance. Successful capacity building interventions are the ones that the organization's board, management and staff fully understand the efforts and commitment needed to change or improve and

are ready to move to a new level of functioning [23].

- Strong and committed leadership. Successful capacity building efforts usually have some people or groups in the organization acting as champions [23].

1.2.4 Why we are taking the ‘online’ approach in this study

Although small non-profits make up the majority of nonprofit organizations in Nigeria and other low- and middle-income countries, they have the least access to capacity building funds and resources. Thus it becomes important to investigate how the use of online capacity building resources will impact capacity improvement in these small and mid-sized non-governmental organizations. It is also important to explore the areas of organizational capacity that improve with online resources and the areas that do not, and compare the findings with the improvement seen in other more expensive, traditional capacity building models. In addition, we want to explore under what conditions NGOs’ capacity improve after provision of online capacity building resources.

Though many organizational development scholars have recommended the provision of on-line resources as an approach to strengthening capacity building within small and mid-size NGO’s, ours’ is the first known study to address its impact in low- and middle-income countries. Our study represents an important first step in studying the effect of on-line capacity building resources and other non-capital intensive NGO capacity building methods in low- and middle-income countries.

1.2.5 Why we expect provision of online resources to work and how, given the context?

We feel that online resources will be appropriate for small and mid-sized organizations in Nigeria who are eager to grow. Small organizations without strong systems and structures, are more eager to grow compared to the big and more mature organizations who already have well established systems and may be less open to change [24]. A United States nationwide study to evaluate the impact of capacity building interventions on nonprofit organizations found that small organizations (annual expenditures of less than \$100,000), new organizations (those established within the past 5 years), and organizations without a paid executive director reported greater increases in the formalization of internal structures and systems after capacity building than did larger organizations, older and more established organizations, and organizations with paid executive directors [25]. These differences were attributed to the fact that the smaller, newer organizations had less formalized systems and structures and so had more room to grow.

1.3 Conceptual framework

The conceptual framework outlines the underlying assumptions that explain the change we hypothesize will occur in the organizations after capacity assessment and provision of written recommendations and online resources. Although most frameworks and theories explain change as a linear process for organizations and individuals, in real life change is a non-linear process, involving the interactions among internal and

external factors [26]. We have selected the Lewin theory of organizational change as the model that best captures our underlying assumptions of the process of change in NGOs after capacity assessment and provision of online resources [26].

1.3.1 Lewin theory of organizational change

Lewin's Stage Theory of Organizational Change assumes organizational change occurs in three stages [26–28]:

- Unfreezing phase
- Transition/change phase
- Refreezing phase

The unfreezing stage: The Lewin theory assumes that organizations are in a quasi-equilibrium state supported by driving and restraining forces. The restraining forces to change include personal psychological defenses, group norms, or organizational culture. Adding a driving force to make an organization change will often produce a counter force that maintains the organization in its state of equilibrium (frozen state). Thus unfreezing is the complex interaction of forces that brings an organization to a point where it can change [26,27]. Schein (1996) opines that unfreezing is basically three processes 1) disconfirmation – feeling dissatisfied about the present state of the organization; 2) induction of survival anxiety – feeling a need to change in order to achieve the goals/mission of the organization; and 3) provision of psychological safety – provision of an environment that encourages the organization to change [27].

The transition/change stage: Change occurs through cognitive restructuring in which new standards of judgement and evaluation are learned. This will occur after an organization has been unfrozen and motivated to change. Learning occurs largely in two ways: (1) learning from positive or negative role models; or (2) learning through a trial and error process based on scanning the environment for new concepts [28].

The Refreezing phase: For change to become stable and the norm in an organization, it has to be refrozen (institutionalized). Refreezing is easier when there is a supportive social network and when the changes that organizations made are congruent with the rest of their personality and culture [28]. Thus when a group of inter-connected organizations adopt a new method, it becomes easier for the individual organizations to normalize the new method because of the relational expectations and support of their social network.

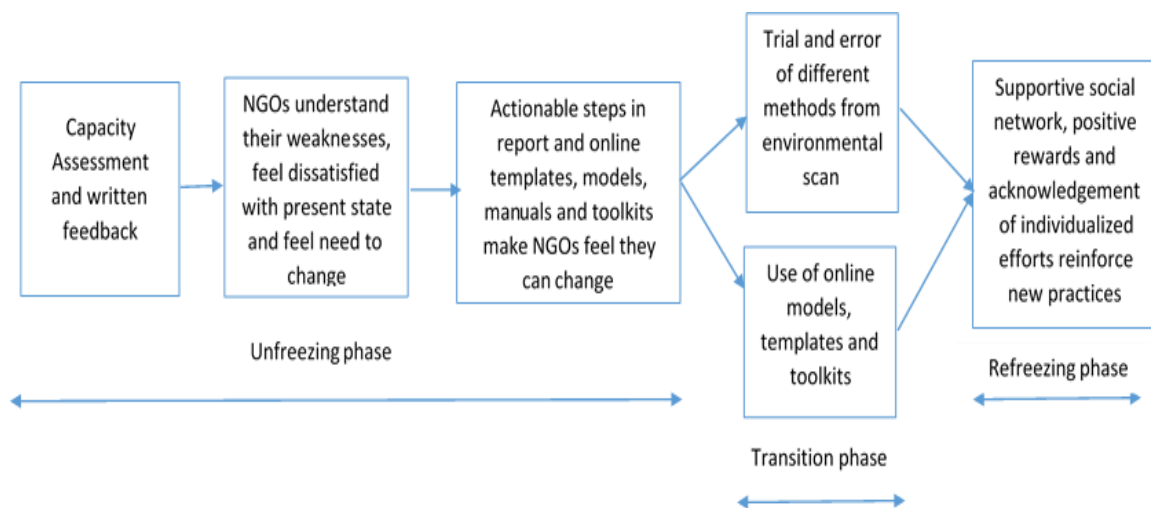
1.3.2 How Lewin theory applies to this study

We believe that assessing the capacity of the organizations and providing them feedback on their strengths and weaknesses (with or without the provision of online resources), will make at least some of the NGOs feel dissatisfied with their present state. The NGOs that are dissatisfied with their present state (disconfirmation state) will desire to improve in order to survive and grow in a competitive NGO sector (induction of survival anxiety).

Furthermore, we believe that the actionable steps that NGOs need to take to improve, as outlined in the written recommendations (with or without the online

capacity building resources), will strengthen the confidence of NGO's that they have what it takes to make a change. These actionable steps will provide the psychological safety that will encourage the NGOs to make a change. This is the *unfreezing phase* of Lewin theory.

Figure 1 showing how the Lewin theory applies to this study



The NGOs that are now “unfrozen” and desirous of change will either learn from consultants or peers (role models) or will use the actionable steps in the written recommendations, and the templates and manuals provided for them in the online resources, to build their capacity. They can also scan the environment to find other capacity building resources to help them build their capacity. This is the *change or transition phase* of Lewin theory. We postulate that during the change or transition phase, the provision of online resources to intervention group NGOs in a form they can easily access will lead to a greater and faster capacity improvement in the intervention group NGOs compared to the comparison group NGOs.

Finally, these new systems, structures and processes that the NGOs have set in place during the change or transition phase will now become the norm in the NGOs (*Refreezing phase*). Since a supportive social network is important for normalizing the new processes (refreezing), we expect that refreezing will be less challenging for the NGOs because they belong to the same association and provide social support to each other. However, we recognize the fact that though the process of refreezing might start in some organizations within six months, some other organizations might require a longer time to change and normalize the change in their organizations.

1.4 Significance of the study

To the best of our knowledge, this is the first study to assess the effectiveness of online capacity building resources on short-term organizational capacity improvement within small and mid-sized NGOs in low- and middle-income countries. In addition, it is the first randomized controlled trial evaluating the impact of organizational capacity building (both conventional and non-conventional capacity building) in low- and middle-income countries and the first study to assess the impact of capacity building before 12 months in low- and middle-income countries. It is also the first study to independently verify capacity improvement claims of NGOs following capacity building in low- and middle-income countries.

This study will provide benefits to NGOs, funders and society.

- It will provide information about the organizational capacity of local Nigerian OVC NGOs. This information will be helpful to local and international funders

who are interested in improving OVC health in Nigeria.

- It will provide insight into what action steps lead to capacity improvement in NGOs and how such knowledge can be applied to improve the capacity of NGOs.
- It will provide insight into non-conventional, and less-resource intensive capacity building methods that might help NGOs in developing countries improve their capacity. This will be useful to NGOs who are interested in seeing a quick improvement in their capacity.

CHAPTER 2: CONTEXT OF THE STUDY

2.1 Nigeria: Country Profile

Nigeria is the most populous country in Africa, and seventh most populous in the world. Nigeria's last census in 2006 placed the country's population at 140,431,790. However, there is an uneven distribution of the land mass and population, with the northern states having larger land mass, and less densely populated compared to the southern states [29]. Nigeria has 36 states, divided into six geopolitical regions and runs a presidential system of government. The main laws that relate to NGOs are in federal legislation [30].

There are wide cultural and socio-economic differences in the different regions of Nigeria, with the northern part of the country having worse health and socio-economic indicators. According to the 2013 *National Demographic and Health Survey*, poverty is most severe in the North East and North West regions of the country with 40% and 35% of the population in the poorest wealth quintile, respectively, compared to only 5% in the South East and 0.5% in the South South regions. Similarly, while under-five mortality is 160 and 185 (per 1,000 live births) in the North East and North West, respectively, it is 131 and 91 in the South East and South South regions respectively [29].

Table 1: Health and Socio-economic Indicators of the Six Regions in Nigeria

	NC	NE	NW	SE	SS	SW
% of population in the lowest wealth quintile	11	40	35	5	2	0.5
Proportion of women 15 – 49 who lack formal education (%)	32	64	69	5	5	8
Rate of teenage pregnancy (%)	19	32	36	8	12	8
Under-five mortality rate (per 1,000 live births)	100	160	185	131	91	90
% of under-fives who are malnourished*	19	31	47	11	13	15

Source: 2013 Nigeria National Demographic and Health Survey.

NC=North Central, NE=North East, NW=North West, SE=South East, SS=South South, SW=South West

* Malnourished defined as weight for age less than 2 standard deviations on WHO child growth standards for weight for age.

There are also wide health and socio-economic differences between the states of Nigeria. A look at the seven states where NGOs who indicated interest to participate in the study are working shows that Bauchi and Gombe states in Northern Nigeria have worse health and socio-economic indicators, compared to Enugu, Abia, Akwa Ibom, Bayelsa and Rivers states in southern Nigeria.

Table 2: Health and Socio-Economic Indicators of Seven Selected States in Nigeria

	BC	GB	AB	EN	AI	BY	RV
Proportion of women 15 – 49 who lack formal education (%)	73	63	3	6	3	5	3
Rate of teenage pregnancy (%)	48	36	7	9	18	17	14
% of under-fives who are malnourished *	41	32	12	7	15	10	11

Source: 2013 Nigeria National Demographic and Health Survey.

BC=Bauchi state, GB=Gombe state, AB=Abia state, EN=Enugu state, AI=Akwa Ibom state, BY=Bayelsa state, RV=Rivers state

* Malnourished defined as weight for age less than 2 standard deviations on WHO child growth standards for weight for age.

2.2 Orphans and Vulnerable Children in Nigeria

An orphan in Nigeria is defined as a child (0 – 17 years) who has lost one or both parents. A vulnerable child is a child who “because of circumstances of birth or immediate environment, is prone to abuse or deprivation of basic needs, care and protection, and thus disadvantaged relative to his or her peers” [31]. The Federal Ministry of Women Affairs and Social Development lists the following categories of vulnerable children:

- Children who have lost one or both parents
- Children living with terminally or chronically ill parent(s) or caregiver(s)
- Children on or off the street/ Child hawkers
- Children living with aged or frail grandparent(s)
- Children who get married before 18 years
- Neglected children
- Abandoned children
- Children in child-headed homes
- Children infected with HIV
- Child beggars/destitute children
- Internally displaced or separated children
- Child domestic servants
- Child sex workers
- Children with special challenges or disability, or whose parents have disability
- Trafficked children
- Children in conflict with the law
- Children of migrant workers e.g. fishermen or women, nomads
- Children living with teenage unmarried parent(s)

OVCs are likely to suffer loss of shelter, school drop-out or non-enrollment in school, poor health outcomes, malnutrition, abuse and stigmatization [32]. According to a 2008 OVC situation analysis, there are about 17.5 million OVCs in Nigeria, including 7.3 million orphans [3].

The 2013 Nigeria Demographic and Health Survey showed that there are regional differences in the number of orphan and vulnerable children, with the southern states having more OVC than the northern states [29]. For instance, 16% of children in the South East are OVC, compared to only 6% in the North West (Table 5 below).

However, the OVCs in the northern states seem to be doing worse than those in the south. While 53% and 43% of the OVCs under five years are malnourished in the North West and North East regions, respectively, it is only 14% in both the South South and South East regions. Similarly, only 61% and 69% of the OVCs are in school in the North West and North East regions respectively, compared to 94% in the South South and 97% in the South East regions [29].

Table 3: Characteristics of OVCs in the Six Regions of Nigeria

	NC	NE	NW	SE	SS	SW
Proportion of children who are OVCs (%)	10	8	6	16	13	7
Proportion of OVCs in school (%)	87	69	61	97	94	94
Proportion of under-five OVCs who are malnourished* (%)	17	43	53	14	14	22

Source: 2013 Nigeria National Demographic and Health Survey.

NC=North Central, NE=North East, NW=North West, SE=South East, SS=South South, SW=South West.

* Malnourished defined as weight for age less than 2 standard deviations on WHO child growth standards for weight for age.

2.3 Non-Governmental Organizations (NGOs)

2.3.1 Definition of NGOs

The United Nations defines NGO as:

“...not-for-profit group, principally independent from government, which is organized on a local, national or international level to address issues in support of the public good. Task-oriented and made up of people with a common interest, NGOs perform a variety of services and humanitarian functions, bring public concerns to governments, monitor policy and program implementation, and encourage participation of civil society stakeholders at the community level. Some are organized around specific issues, such as human rights” [33].

2.3.2 Functions of NGOs

NGOs play very important service, advocacy and innovation roles in society, as described below:

1. Service role: NGOs assist the government to achieve its development objectives through contributing skills for which they have comparative advantage, such as public information, education and communications campaigns, or providing information about the situations and needs of particularly vulnerable groups [34, 35]. Some donors prefer to channel funding through NGOs because of perceived governance issues in the public sector [36].

In some developing countries, where resource- constrained or corrupt government has failed to provide social and rural development services, non-governmental organizations have taken up activities previously carried out by the public sector such as road rehabilitation, water supply, promoting grassroots’ development and preventing environmental degradation [37, 38].

In a review of the activities of NGOs in Nigeria, NGOs were engaged in various aspects of community development such as: community mobilization, environment, health and sanitation awareness creation, promotion of children's rights law, promotion of education on reproductive health, and fight against child labor and human trafficking, among others [39].

NGOs also play key roles in the health, agricultural and educational sectors in developing countries. Examples of the roles that NGOs play in these sectors include:

- **Healthcare**

NGOs play very important roles in healthcare delivery in Nigeria, although there is no reliable data on the proportion of healthcare services provided by NGOs in Nigeria [40 – 42]. In sub-Saharan Africa as a whole, NGOs are estimated to provide 6.8% of inpatient and outpatient care [40]. NGOs provide 40 percent of clinical care in Ghana while in Tanzania, half of all hospitals and hospital beds are provided by NGOs. Similarly, in Zimbabwe NGOs supply 35 percent of all hospital beds, and 96 percent of NGO health facilities are located in disadvantaged rural areas [43]. NGOs in Nepal also play a very important role in providing health services to the rural population [44].

- **Agriculture**

NGOs play important roles in promoting agriculture in rural areas. They are able to do this because they often maintain a field presence in remote locations, where it is difficult to keep government staff in post [45]. In addition, their rapport with local farmers allows them draw on local knowledge to develop technologies to strengthen

local food production [45].

- **Education**

NGOs play a role in assisting the government to complement the public education system and to strengthen it. NGOs in India were found to be effective and successful in schooling underprivileged children, communities in remote locations, scheduled caste and other children that face social barriers [46].

2. Advocacy role: NGOs provide an avenue through which citizens can express their aspirations, concerns and alternatives for consideration to policy makers [35]. They help to hold government accountable by monitoring and exposing the actions (and inactions) of government, disseminating information to key constituencies and developing and promoting codes of conduct [35, 47]. In addition, NGOs through awareness raising and lobbying influence key decision-makers to serve otherwise dormant and voiceless actors [47, 48].

3. Innovation role: Due to the fact that NGOs are not subject to the bureaucracies of government, they are more open to experiment and able to develop new ways of solving problems in their communities with available resources. NGOs have been associated with developing new technologies in soya production in Bangladesh and in sloping agricultural land technology in Philippines [49, 50].

2.4 NGO sector in Nigeria

Nigeria is home to a wide variety of NGOs, with the majority starting after 1960 [29].

2.4.1 Registration of NGOs in Nigeria

There is no general register of NGOs in Nigeria. While not mandatory, many NGOs register with the Corporate Affairs Commission (CAC), in order to be recognized as a legal entity, and to take advantage of some tax benefits [30]. In addition, some government departments, such as Ministry of Women Affairs, require NGOs to register with them in order to collaborate in some program areas [51]. NGOs registered with CAC are required to submit yearly reports, although defaulting organizations are not usually sanctioned.

2.4.2 Regulation of NGOs in Nigeria

Nigerian NGOs are currently not subjected to a lot of elaborate laws and regulations [30, 51]. Most NGOs are allowed freedom of action as long as their activities are viewed as not threatening public order. In the absence of adequate regulations and code of ethics, some NGO networks have produced some regulations and code of ethics to self-regulate. However, there is a pending NGO regulatory bill in the Senate and House of Representatives which among other things seeks to:

- Make NGO registration mandatory;
- Establish an agency to supervise, coordinate and monitor NGO activities;
- Make NGOs require government approval before receiving foreign funding.

2.4.3 Funding of NGOs in Nigeria

Currently, there are no restrictions to NGOs in Nigeria receiving foreign funding. However, there are no tax benefits to incentivize individuals to contribute to NGOs in

Nigeria [51]. NGOs are free to directly conduct business activities, but the profit from such activities must be applied to the activities of the organization. Government occasionally executes projects through NGOs, and all registered NGOs are free to compete for such government funds. Nigerian NGOs do not have legal limits on the administrative expenses they can incur [51].

2.5 OVC NGOs in Nigeria

A number of international NGOs, mainly United States government and Global Fund implementing partners, as well as local NGOs, work with OVCs in Nigeria. Key international NGOs working with OVCs include *Management Sciences for Health* (MSH), *Catholic Relief Services* (CRS), and *Pact International* [3]. There is currently no comprehensive list of OVC organizations in Nigeria but there is ongoing effort by the Association of OVC NGOs of Nigeria (AONN) to organize the OVC organizations in the states. There are also state directories of OVC NGOs at the different state-level Ministries of Women Affairs and Social Development, but the directories are limited to the OVC NGOs that have registered to collaborate with these ministries. The activities of these NGOs are disproportionately greater in the urban areas although there are more OVCs in the rural areas [3]. These NGOs (urban and rural) only serve a minute proportion of the 17.5 million OVCs in Nigeria [3].

CHAPTER 3: REVIEW OF LITERATURE

NGO organizational capacity building literature review for this study can be organized into two areas: 1) the impact/outcomes of different NGO organizational capacity building interventions; and 2) NGO organizational capacity assessment tools and the suitability of these tools to assess change in organizational capacity of NGOs. The search terms, inclusion and exclusion criteria and the findings of the literature review for this study are outlined below.

3.1 Literature review of impact/outcome of NGO organizational capacity building

The principal investigator (PI) conducted a literature review to explore NGO capacity building initiatives, the capacity building methods used and the impact/outcome of those methods. The PI took the following steps in the literature review: 1) identification of the databases to be searched; 2) definition of inclusion and exclusion criteria; 3) definition of search terms; 4) literature search using the search terms; 5) review of titles and abstracts based on the inclusion and exclusion criteria; 6) review of the full text of selected articles that met the inclusion criteria.

3.1.1 Identification of the databases to be searched

The PI searched four databases - Web of Science, Social Services Abstracts, Applied Social Sciences Index and Abstracts (ASSIA) and Sociological Abstracts. The PI also searched the online archives of three organizational development journals - *Nonprofit and Voluntary Sector Quarterly*, *Leadership and Organization Development Journal* and *Organization Development Journal*. In addition, the PI searched the websites

of five organizations (*Abt Associates, Pact International, MSH, John Snow International (JSI), Urban Institute*) involved in NGO capacity building.

3.1.2 Definition of inclusion and exclusion criteria for impact of NGO organizational capacity building literature search.

The PI included only papers that reported the outcome or impact of capacity building initiatives involving nonprofits or NGOs irrespective of the design or rigor of the study. Papers that reported outcomes of capacity building of for-profit organizations were excluded. In addition, papers that only reported lessons learned from NGO capacity building initiatives, without including the impact/outcome of those initiatives, were also excluded. There was no restriction based on the country where the study was conducted or year of publication of the articles. However, the literature search was restricted to papers written in English.

3.1.3 Definition of search terms for impact of NGO organizational capacity building

Table 4 below shows the search terms used for the different data sources and the number of articles found.

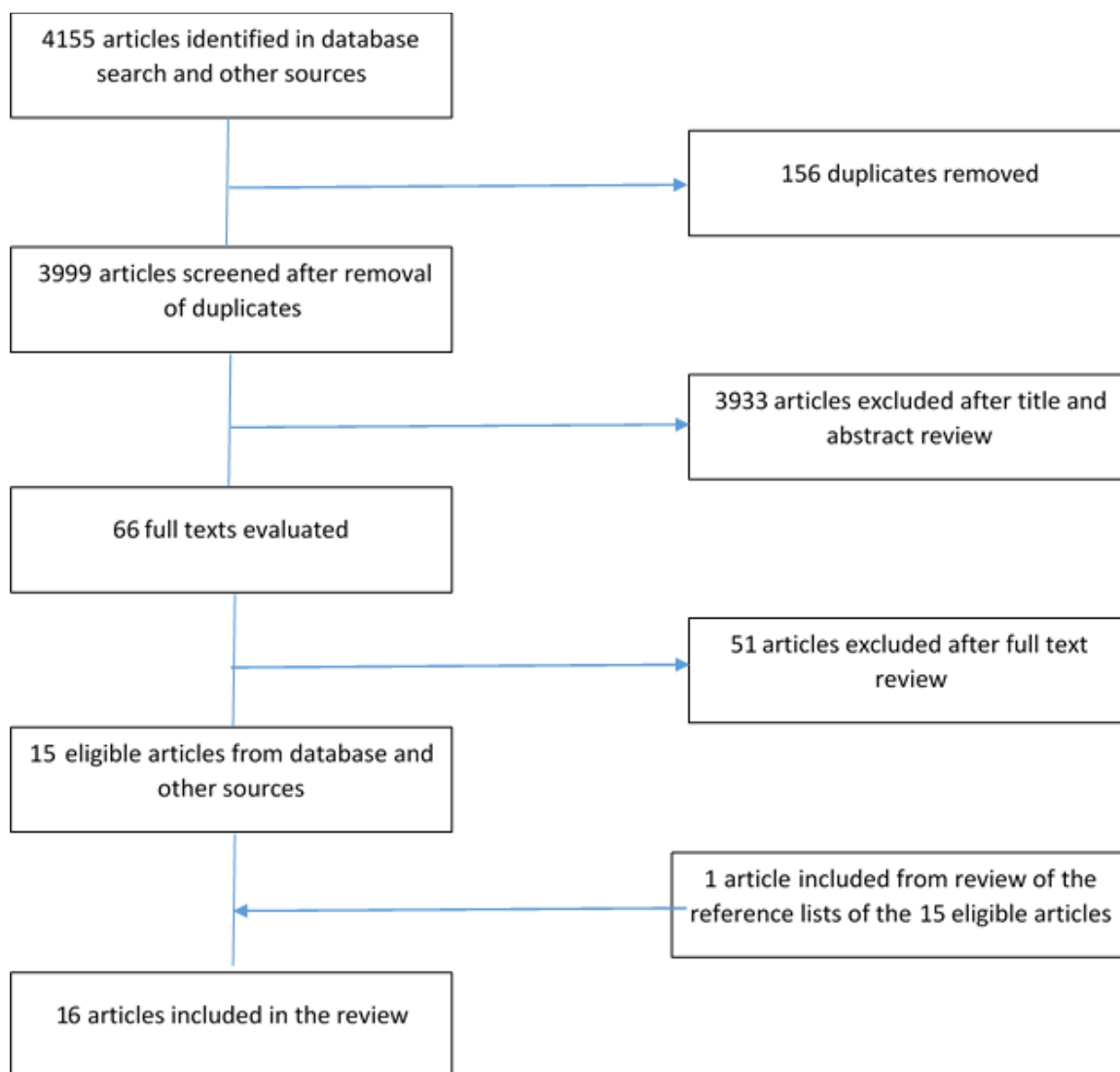
Table 4: Search Terms and Data Bases Searched in the Literature Review of Organizational Capacity Building Methods

Bibliographic databases		
Database	Search term	Number of articles found
Web of science	(nonprofit OR non-governmental organization) AND (capacity building OR capacity development)	303
Social services abstracts	(nonprofit OR non-governmental organization) AND (capacity building OR capacity development)	76
Applied Social Sciences Index and Abstracts (ASSIA)	(nonprofit OR non-governmental organization) AND (capacity building OR capacity development)	78
Sociological abstracts	(nonprofit OR non-governmental organization) AND (capacity building OR capacity development)	178
Organizational Development Specific Journals		
Journal	Search term	Number of articles found
Nonprofit and Voluntary Sector Quarterly	(nonprofit OR non-governmental organization) AND (capacity building OR capacity development)	47
Leadership and Organization Development Journal	(nonprofit OR non-governmental organization) AND (capacity building OR capacity development)	27
Organization Development Journal	(nonprofit OR non-governmental organization) AND (capacity building OR capacity development)	4
Grey Literature (Organizational Websites Search)		
Organization	Search term	Number of articles found
Abt Associates	Nonprofit “capacity building”	200
Pact International	Nonprofit capacity building	7
Management Sciences for Health	Capacity building (filter: resource)	49
John Snow International	Capacity building	200
Urban Institute	Nonprofit organizational “capacity building”	2986

3.1.4 Search results for impact of NGO organizational capacity building

The literature search produced many results related to capacity building of NGOs, but only 16 of those studies were focused on the outcome or impact of capacity building interventions. All of the 16 studies evaluating the outcome or impact of capacity building of NGOs were carried out in the US. The summary of the result of the literature search is shown in Figure 2 below.

Figure 2: Result of the Capacity Building Methods Literature Search



For purposes of discussing the impact of NGO organizational capacity building, the capacity building interventions are divided into four categories:

1. Capacity building interventions that used a single conventional capacity building method – (staff training workshop, individualized technical assistance or capacity building grant).
2. Capacity building intervention that used multiple (two or more) conventional capacity building methods (i.e. used at least two of the following: workshops, individualized technical assistance, and capacity building grant).
3. Capacity building interventions that used non-conventional capacity building methods – (i.e. self-directed capacity building using online or/and printed capacity building resources).
4. Capacity building interventions that used a combination of conventional and non-conventional capacity building methods.

3.1.5 Capacity building interventions that used a single conventional capacity building method

Three of the 16 NGO organizational capacity building studies that reported the impact/outcome of capacity building (19%) used a single conventional capacity building method. Two of the studies used training workshops as the capacity building method while in the third study, capacity building grants were provided to the organizations. The summary of the studies is shown in Table 5 below.

Authors, Year	Study design	SS*	Location of study	Assessment tool	Capacity building duration	Type of capacity building	Findings
Kapucu 2011[21]	Post only without comparison group	40	USA	Post workshop survey	1 year	Workshops	Increase in knowledge of nonprofit management and technical skills.
Patrizi 2006 [52]	Post only without comparison group	6	USA	Self-reported outcomes	3–5 years	Capacity building grants	strengthened organizational capacity in fundraising, communication, strategic planning and board development
Sobeck 2008 [53]	Post only without comparison group	125	USA	Surveys (web distributed, mailed, onsite)	5 years	Trainings/ workshops	Improvement in planning, use of evaluation strategies, grant writing knowledge and awareness of opportunities.

*SS = Sample Size

Table 5: Studies That Used a Single Conventional Capacity Building Method

The Kapucu et al. (2011) paper is an evaluation of a year-long general and in-depth training of employees of 40 small community-based nonprofit organizations (CBOs) who are members of the Second Harvest Food Bank of Central Florida's (SHFBCF) ADEPT program [21]. The training involved a series of 10 capacity building workshops focused on grant writing, organizational effectiveness, fund-raising, volunteer management, strategic planning, major gifts and planned giving, individual giving, and program evaluation. After the last workshop, an assessment was conducted to assess the participants' perception of the impact of the workshops on their organizations

effectiveness. Sixty four percent of the workshop attendants reported that the workshops increased their knowledge of nonprofit management skills, while 78% reported that the workshops offered skills and techniques they could use in their community work. Thirty six percent felt that their ability to do their job more effectively had improved somewhat or a little while 21% indicated that agency funding had improved somewhat or a great deal. Qualitative interviews showed that organizations participating in the workshops gained a lot by networking with their peers during the workshops. The authors also discovered that the needs of the smaller “small” organizations were different from those of the larger “small” organizations. One limitation of this study is that it has a weak study design (post only evaluation with no baseline assessment of knowledge and skills, and no comparison group). Thus the self-reported improvement in capacity could have been due to other factors apart from the workshop.

Patrizi, et al. (2006) reported the outcomes of organizational capacity building grants that Edna McConnell Clark foundation awarded to six United States juvenile justice organizations in 1998 [52]. The grants, which ranged from \$200,000 to 700,000, and represented 5 to 100% of the grantees' budgets, were unrestricted funds given to the grantees to develop new capacities or strengthen existing ones. Two of the grantees were legal advocacy organizations, two focused mainly on juvenile justice research, one was a membership organization for public administrators in juvenile justice, and one was a direct-service agency for youth and families. The grantees were free to decide in

which areas of capacity building they would invest the money. Four of the organizations strengthened their organizational capacity in conventional areas such as information technology, fundraising, communications, strategic planning and board development. Two of the organizations used the grant to fund or expand their services to the population they serve instead of capacity building. The authors note a key lesson of the study: if good leaders are given unrestricted funds and allowed to set the course of their capacity development, they can achieve great results. However, the authors noted that this method might be less effective during leadership transitions because one of the grantees that had a leadership transition was less effective in using its funds. The study was limited by the absence of a capacity assessment of the organizations at baseline and so there were no clear indicators to monitor the impact of the grant. In addition, the sample size for the study was small and the outcomes were only descriptive.

Sobeck (2008) evaluated 125 organizations that participated in 43 capacity building workshops organized by New Detroit Inc. between 1999 and 2003 [53]. The capacity building workshops were on a wide range of topics such as grant writing, evaluation, logic models, resource planning and public speaking. The impacts of the workshops were evaluated using a questionnaire that was sent to the organizations to assess their improvement in networking, grant writing knowledge, use of evaluation strategies, fund raising and program planning. Regression analysis showed that as the number of workshops increased, organizational capacity in three outcome areas (planning action and knowledge, grant writing, and use of evaluation strategies)

increased.

Sobeck also did a cost analysis of the workshops. The cost per workshop and the cost per workshop participant were calculated from information provided by New Detroit Inc. The total amount spent on these 43 capacity-building workshops was \$335,214. A total of 1,445 participants took part in the workshops, with an average cost of \$232 per participant. Multiple regression analysis showed that to increase the organizational capacity score by one standard deviation through workshops, approximately \$3,300 needed to be invested in an organization. However, one limitation of the study is that the changes in the organizations were self-reported and were not independently verified. In addition, there was no comparison group in the study and the changes would have been due to other factors. This is in addition to the fact that the study was a post only evaluation without baseline data.

In summary, the organizational capacity building initiatives reviewed which used only training workshops or capacity building grants were reported as being effective in helping organizations improve their capacity. However, all the three studies had a weak design (post only evaluation without a comparison group), and the changes that were reported could have been due to other factors.

3.1.6 Capacity building interventions using multiple conventional capacity building methods.

Eleven of the sixteen organizational capacity building studies (69%) that reported the impact/outcome of capacity building used two or more conventional capacity building

methods (workshops, technical assistance or capacity building grants). Nine of the eleven studies used a combination of workshops, technical assistance and capacity building grants [24, 54–58, 61–63], while the remaining two used a combination of workshops and technical assistance [59, 60]. The summary of the papers is shown in Table 6 below.

Table 6: Studies That Used Multiple Conventional Capacity Building Methods

Authors, Year	Study design	SS*	Location of study	Assessment tool	Capacity building duration	Type of capacity building	Findings
Minzner 2014 [54]	Randomized control trial	454	USA	Self-developed by team. Adapted from other tools	15 months	Group training, Direct TA, Capacity building grants	Improvement in leadership, revenue, program and community engagement
Kim 2011 [55]	Pre and Post without comparison group.	540	USA	Qualitative and quantitative data	3 years	Training, Direct TA, Capacity building grants	Improvement in organizational, leadership, program and community engagement
Leake 2007 [56]	Pre and post with 3 arm comparison group	90	USA	Comprehensive Organizational Assessment Tool	15 months	Workshop, individualized TA and monetary capacity building grant	On average, the arm with 3 interventions did better than the others. The arm with 2 interventions did better than the one with only workshop
Markovitz 2008 [57]	Pre and post with comparison group	27	USA	self-administered paper based and web surveys.	20 months	Capacity building grants, Trainings, Direct TA	Improvement in volunteer development and management,

							community partnerships, and sustainable funding
Popescu 2009 [58]	Pre and post without comparison group	17	USA	Organizational Assessment Tool	3 years	Capacity building grants, Trainings, Direct technical assistance	Improvement in board development, strategic planning; fund development, and communication
Sobeck 2007 [24]	Pre and post without comparison group	23	USA	Questionnaires	2.5 years	Workshops, Direct TA, Capacity building grants, Peer networking	Executive directors reported improved management knowledge
Chinman 2005 [59]	Pre and Post without comparison group	2	USA	Questionnaire	1 year	Capacity building manual, Training, Technical Assistance	Resulted in creation of logic models, improvement in the design of outcome evaluations
Kapucu 2007 [60]	Post without comparison group	9	USA	Questionnaire, participant observation, interviews	Surveys at end of year 1 and 2	Group training, Individualized technical assistance	Improvement in grant writing, financial management, strategic planning
Brown 2013 [61]	Pre and Post with comparison group	20	USA	Modified McKinsey assessment tool	13 months	Trainings, Capacity building grant, technical assistance (if needed)	Improvement in mission and planning, program design, fund raising, financial management

De Vita 2013 [62]	Post only without comparison group	677	USA	Surveys and interviews	Yearly for 2 years	Training, Technical assistance, grants	Improvement in program development, leadership development, community engagement
Kapucu 2013 [63]	Pre and Post without comparison group	10	USA	Surveys	7 months	Training, Technical assistance, mini-grants	Improvement in organizational development, community engagement, and evaluation of success

*SS = Sample size

Minzner et al. (2014) used a randomized controlled trial to evaluate one of the United States' largest capacity-building initiatives, the Compassion Capital Fund Demonstration Program (CCF) [54]. The study involved 237 organizations in the intervention group and 217 in the control group. The CCF-funded intermediary organizations delivered capacity building training, technical assistance, and sub-grants (financial assistance) to small faith based and community based organizations. The capacity building was in five areas: 1) organizational development – board governance, human resources management, financial management and information management; 2) program development – program planning and implementation, program monitoring and evaluation; 3) revenue development – fundraising; 4) leadership development – leadership professional and career development, staff and volunteer training and development; and 5) community engagement – linkages and communication with community, community needs assessment. The organizations in both the intervention

and control groups assessed their organizational capacities at baseline and 15 months into the intervention, using a self-assessment tool developed by the researchers. The organizations in the intervention group improved significantly (in the five areas of capacity building) more than those in the control group. However, one limitation of this study was that the data used in this study were self-reported and were not independently verified. So the possibility of organizations inflating the amount of changes that occurred in their organization to impress the funders cannot be ruled out. Furthermore, the capacity assessment was done using a non-validated tool, which had not been previously field-tested.

Kim et al. (2011) used a pre and post study design to evaluate capacity building interventions in over 500 non-profits that deal with issues of gang violence, youth violence, or child abuse and neglect in the United States [55]. The capacity building intervention involved lead nonprofit organizations who received Communities Empowering Youth (CEY) Program capacity building grants and used these funds to provide sub-grants, organize workshops and provide individualized technical assistance to other smaller partner nonprofits. The capacity building was in four areas: 1) leadership development; 2) organizational development; 3) program development; and 4) community engagement. Overall, the organizations reported significant improvement in all the domains after 2 years. However, the limitation of the study is that there is no comparison group and so the changes noticed might have been due to other factors apart from the intervention. In addition, the change in capacity was self-reported by the

organizations and was not independently verified.

In a three arm study by Leake et al. (2007), 90 faith based and community based organizations were non-randomly assigned into three arms [56]. One arm received workshops only, the second arm had workshops and individualized technical assistance and the third arm had workshops, individualized technical assistance and capacity building grants. Organizational capacity building was in the following areas: board development, fund raising, grant writing, grants management, community collaborations, marketing and public relations, financial management, program development, and program evaluation. The result showed that after 15 months, the improvements in the capacity of the organizations were positively associated with the number of interventions they received. The arm that had three interventions did better than the others while the arm that had two interventions did better than the one that received only workshops. In addition, workshop alone was shown to be effective in improving the capacity of the organizations. One of the limitations of this study was that the organizations were selectively assigned to the different arms depending on how their programs align with the funder's priority areas of focus, with the organizations whose programs were least aligned assigned to the workshop only arm. So organizations in the different arms were fundamentally different at baseline and comparing the organizational change in the different arms might not be appropriate. Second, although the capacity assessment was done by external consultants, the reported capacity improvements were not independently verified by the consultants.

Markovirtz et al. (2008, evaluated the HOPE II program which provided capacity building sub-grants, three days training workshop and ongoing 10 months of technical assistance to 27 small faith based and community based organizations in the US [57]. The comparison group consisted of 29 organizations that applied for the capacity building sub-grant, but did not qualify to receive one (the criteria for selection of grant recipients was not stated). The capacity building was focused on three specific areas: volunteer development and management; community partnerships; and services to victims of crime. The organizations were assessed at baseline, at the end of the intervention (10 months after baseline) and 10 months after the end of the intervention (20 months after baseline). The intervention led to greater improvement in volunteer development and management, linkages and communication with community, and sustainable funding in the intervention group compared to the comparison group. However, one limitation of this study is that the intervention group and the comparison groups were not similar at baseline. In addition, the capacity changes were self-reported and were not independently verified.

Popescu et al. (2009) used a pre and post evaluation design to evaluate the impact of the capacity building of 17 Hispanic faith based and community based organizations that provide job training to adjudicated and at-risk youths in 10 regions of the US [58]. These organizations received capacity building sub-grants, training workshops and individualized technical assistance. The capacity building training was focused on board development, strategic planning, fund development, community

assessment/outcome evaluation, and communication/marketing. Organizations assessed their capacity at baseline and at the end of the project using Organizational Assessment Tool (OAT-1), developed within the Hispanic Capacity Project. The result showed that the organizations improved in all the 16 sub-domains assessed by OAT-1. However, the capacity self-assessment was not independently verified. In addition, the sample size is small and there was no comparison group in the study.

Sobeck et al. (2007) used a pre and post without comparison group evaluation design to assess the impact of capacity building of 23 organizations in Detroit US [24]. The organizations received capacity building grants, capacity building workshops, and individualized technical assistance. The capacity building was focused on leadership and governance, financial management, program planning and evaluation, and fundraising. Baseline and endline capacity assessments were done and increases were found in the areas that the organizations got capacity building assistance. However, the study did not have a comparison group and the changes that were reported could have been due to other factors.

Chinman et al. (2005) reported the short term (one year) result of a two year capacity building intervention in two community based substance abuse prevention coalitions [59]. The capacity building involved access to a capacity building manual, on-site technical assistance and interactive training workshops. The capacity building focused on needs and resource assessment, program planning, program evaluation, continuous quality improvement, and sustainability. After one year, the organizations

had created logic models, used data to improve ongoing program implementation, and improved in the design of their outcome evaluations. However, the study did not have a comparison group and the changes that were reported could have been due to other factors.

Kapucu et al. (2007) reported the capacity building of nine small, nonprofit, minority community based organizations in Florida [60]. These agencies provide HIV/AIDS education and direct services to minority communities. They received group training, and individualized on-site technical assistance on financial management, strategic planning, program planning, fundraising/grant writing, staff and volunteer management and board development. The capacity building project produced improvement in the different organizational capacity domains in which the community based organizations received assistance. However, the study had a weak study design (a post only evaluation without a comparison group). In addition, the sample size is small and the result of the study was only descriptive.

Brown et al. (2013) evaluated 10 small nonprofits that received capacity building assistance from Omaha Community Foundation using a pre and post with comparison group evaluation design [61]. The capacity building intervention included monthly group meeting/training of the executive directors on nonprofit leadership, team building, strategic planning, board development, and performance evaluation of the executive directors. It also included individualized technical assistance for developing or refining strategic plans and a capacity building grant of \$5,000. The comparison group included

ten nonprofits (similar in age, budget, and field of work) who did not receive the capacity building assistance. The intervention group reported greater improvements than the comparison group in mission and planning, program design and evaluation, information technology, fund raising, and financial management. However, because of the small sample size, the authors did not test for statistical significant difference between the intervention and comparison groups. In addition, the capacity improvement was self-reported and was not independently verified.

De Vita et al. (2013) evaluated the impact of capacity building initiatives in nonprofit organizations in the US [62]. It involved 84 grantees of Strengthening Communities Fund (SCF) and 694 faith based organizations that received capacity building assistance and sub-grants from the 84 SCF grantees. The capacity building was through group trainings, individualized technical assistance, and capacity building grants. Capacity building activities were in five core areas: organizational development, program development, leadership development, collaboration and community engagement, and evaluation effectiveness. After two years of capacity building, the organizations reported improvement in program development, leadership development, and community engagement. The faith-based organizations also reported that technical assistance was more helpful to them than group training. However, the study had a weak design (post only without a comparison group). In addition, the capacity improvement was self-reported and was not independently verified.

Kapucu et al. (2013) reported a pre- and post-evaluation of 10 nonprofit

organizations in Florida that received capacity building through the Strengthening Central Florida Communities (SCCF) Fund program [63]. These organizations received group trainings, individualized technical assistance, and capacity building grants. These organizations reported an improvement in organizational development, collaboration and community engagement, and evaluation of success. However, like most of the other capacity building evaluations, these improvements were self-reported improvements that were not independently verified. In addition, the study did not have a comparison group.

In summary, the use of multiple capacity building methods were shown to lead to capacity improvement of organizations. The combination of workshops, technical assistance and capacity building grants was effective in improving NGO organizational capacity [24, 54 – 58, 61– 63]. Similarly, the combination of workshops and technical assistance was also effective in improving NGO organizational capacity although the two studies [59, 60] that used this method had weak study designs (see Section 3.19 below for details regarding study designs). There is no strong evidence to show that the capacity improvement of organizations is directly related to the number of capacity building methods used. The linear relationship between the number of capacity building methods used and capacity improvement seen in the Leake et al. three arm non-randomized study could have been due to the way organizations were assigned to the different intervention groups [56].

3.1.7 Capacity building interventions that used non-conventional methods of capacity

building

The PI found only one study that reported the impact/outcome of non-conventional capacity building method. The summary of the study is in table 7 below.

Table 7: Studies That Used Non-Conventional Capacity Building Methods

Authors, Year	Study design	SS*	Location of study	Assessment tool	Capacity building duration	Type of capacity building	Findings
Leviton 2006 [64]	Post only without a comparison group	273	USA	Brief survey mailed to organizations	30 months	Provision of printed and online capacity building resources and mentors to guide the organizations	Printed and web-based capacity building resources were valued more by younger organizations

*SS = Sample size

Leviton et al. (2006) evaluated 273 small nonprofit organizations that received printed (hard copy) and online capacity building resources on fundraising, supervision of volunteers, board and coalition development, and other topics [64]. The organizations were also linked up with mentors who they could approach with questions. Although the study did not quantitatively report the impact of the capacity building resources on the organizational capacity, the researchers found that: 1) the printed and web-based capacity building resources were valued more by younger organizations; 2) printed and web-based capacity building resources appeared to benefit most those organizations with active and broadly engaged leadership, and those offering a wider range of services

were the ones most likely to take the initiative to use them; 3) printed and web-based resources generated a steady flow of information to organizations, not all of which the organizations could absorb and apply.

In summary, the impact of printed and online capacity building resources on capacity development of NGOs is not clear. In the only existing study, the researchers did not report a quantitative impact of the intervention on organizational capacity. In addition, the study design is weak (post only without a comparison group), and any improvements that were seen might have been due to other factors.

3.1.8 Capacity building using both conventional and non-conventional methods

There was only one study that combined conventional capacity building method (workshop, capacity building grants) and non-conventional methods (self-directed capacity building using online and printed resources).

Table 8: Studies That Used a Combination of Conventional and Non-Conventional Capacity Building Methods

Name of study	Type of study	SS*	Location of study	Assessment tool	Capacity building period	Type of capacity building	Finding
Strong 2012 [65]	Pre and post without comparison group	12	USA	Created an instrument to measure the core advocacy capacities	2 years	Capacity building grants, web-based tools, and group training	Median increase in all assessed domains apart from fundraising

*SS = Sample size

Strong et al. (2012) evaluated the capacity building of 12 coalitions of consumer advocacy nonprofits in the US [65]. At baseline, the coalitions ranged in size from four to

26 organizations. The capacity building was in six areas: coalition building, generating grassroots support, analyzing health policy proposals, designing and implementing health policy campaigns, crafting media and communication strategies, and fundraising. The capacity building interventions that the organizations received included grants, individualized technical assistance and group training. The organizations also received a toolkit of printed memos, reports, fact sheets, and issue briefs, and web-based resources. The organizations assessed themselves at baseline and after 2 years. The result of the reassessment showed that after the capacity building, there was a median increase in all capacity building domains apart from fundraising. However, the change in capacity was self-reported by the organizations without independent verification. In addition, there was no comparison group and the changes seen could have been due to other factors.

3.1.9 Summary of study designs used in capacity building impact studies

An analysis of the study designs used in the 16 organizational capacity building impact studies shows that 75% (12 out of 16) of the studies had a weak design. For the purposes of this paper, a weak design is defined as a study without a comparison group and/or baseline data. Six of the studies (38%) used a post only without a comparison group evaluation design, while six (38%) used a pre and post without a comparison group evaluation design (see Table 9 below).

However, four of the studies (25%) had a strong design (strong design being defined as a study with a baseline data and comparison/control group). Three of the

studies (19%) used a pre and post with a comparison group evaluation design and one of the studies (6%) was a randomized controlled study. All four studies that had a strong design used a combination of training workshop, technical assistance and capacity building grants. These four studies with strong design showed that a combination of these three methods led to organizational capacity improvement in different domains such as board governance, human resources management, financial management, information management, program planning and implementation, program monitoring and evaluation, fundraising, leadership development, linkages and communication with stakeholders, and community needs assessment.

Table 9: Summary of the Study Designs Used in Capacity Building Evaluation Studies

	Randomized Controlled Trial	Pre and Post with comparison group	Pre and Post without comparison group	Post only without comparison group
Conventional capacity building – single method				Kapucu 2011; Patrizi 2006; Sobeck 2008
Conventional capacity building – multiple method	Minzner 2014	Leake 2007; Markovitz 2008; Brown 2013	Kim 2011; Popescu 2009; Sobeck 2007; Chinman 2005; Kapucu 2013	Kapucu 2007; De Vita 2013
Non- conventional capacity building				Leviton 2006
Combination of Conventional and non-conventional capacity building			Strong 2012	

3.2 Literature review of organizational capacity assessment tools

Four data bases (Web of Science, Social Services Abstracts, Applied Social Sciences Index and Abstracts and Sociological Abstracts), and the online archives of three organizational development journals (Nonprofit and Voluntary Sector Quarterly, Leadership and Organization Development Journal and Organization Development Journal), were searched for peer-reviewed articles on organizational capacity assessment tools.

3.2.1 Definition of inclusion and exclusion criteria for organizational capacity assessment tools literature search.

The PI included only papers that focused on organizational capacity assessment tools designed for use by nonprofit or non-governmental organizations. Capacity assessment tools designed for use by for-profit organizations were excluded. Papers that only reported the outcome of a capacity assessment conducted using an assessment tool, without providing details about the assessment tool, were excluded. (Some of the details about the assessment tools that were of interest include: assessment tool development, reliability and/or validity of tool and how it was tested, administration of assessment tool, method of calculating organizational capacity score with the assessment tools and how the assessment tool compares to similar assessment tools.) There was no restriction based on the country or region where the assessment tool was developed or has been used. There was also no restriction based on the year of publication of the papers. The search was restricted to papers written in English.

3.2.2 Definition of search terms for organizational capacity assessment tools literature search.

Table 10 below shows the search terms used for the different data sources and the number of articles found.

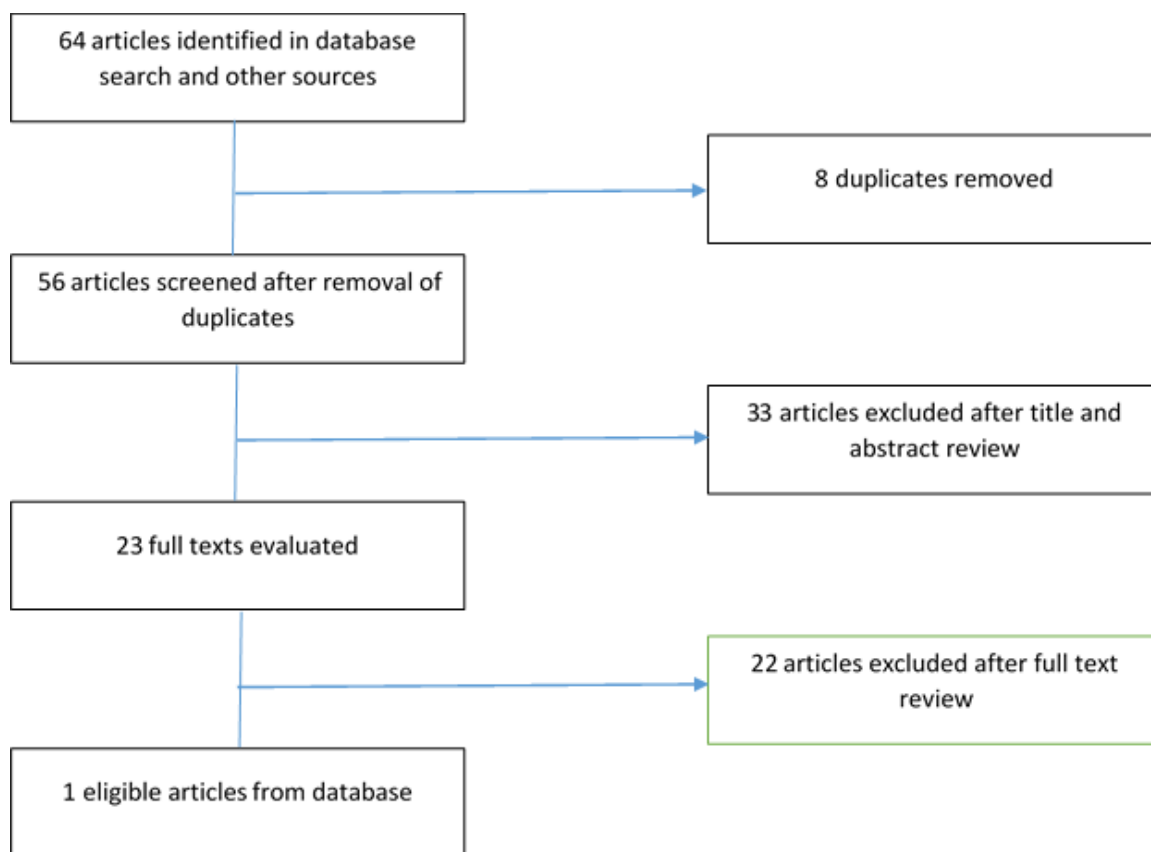
Table 10: The Search Terms and Databases Searched in the Literature Review of Organizational Capacity Assessment Tools

Bibliographic databases		
Database	Search term	Number of articles found
Web of Science	(nonprofit OR non-governmental organization) AND organizational capacity assessment	8
Social Services Abstracts	(nonprofit OR non-governmental organization) AND organizational capacity assessment	7
Applied Social Sciences Index and Abstracts (ASSIA)	(nonprofit OR non-governmental organization) AND organizational capacity assessment	4
Sociological Abstracts	(nonprofit OR non-governmental organization) AND organizational capacity assessment	4
Organizational Development Specific Journals		
Journal	Search term	Number of articles found
Nonprofit and Voluntary Sector Quarterly	(nonprofit OR non-governmental organization) AND organizational "capacity assessment"	33
Leadership and Organization Development Journal	(nonprofit OR non-governmental organization) AND organizational "capacity assessment"	5
Organization Development Journal	(nonprofit OR non-governmental organization) AND organizational "capacity assessment"	3

3.2.3 Search result for capacity assessment tools literature search

The PI found only one study that reviewed the different NGO capacity assessment tools (see figure 3 for search results).

Figure 3: The Result of Organizational Capacity Assessment Tools Literature Search



3.2.4 Comparing organizational capacity assessment tools

The only peer-reviewed study the PI found on NGO capacity assessment tools was the one written by Krause et al. in 2014 [19]. Krause et al. reviewed 24 publicly available organizational capacity assessment tools. These capacity assessment tools were found through search of PubMed, Google Scholar and Web of Science. Krause et

al. compared the scientific rigor of the assessment and the burden of the assessment on the organizations for each of the assessment tools. The assessment tools were compared using the following indicators: generalizability potential, assessment methodology, type and number of individuals intended to participate in the assessment, subjective versus objective lines of questioning, number and type of domains, the use of compound indicators, and whether or not the assessment recommends a reassessment as part of the process or leads to next steps. Using these indicators, the authors calculated the burden or practicality score and the rigor score of the assessment tools. The burden or practicality score is based upon the number of people involved in the assessment process and the amount of time needed to complete the assessment. The rigor score is based upon whether internal and external stakeholders are included in the assessment (higher if both types of stakeholders included), the type of indicator (objective rating scale (yes or no), or subjective rating scale (Likert rating scale) – higher if objective), whether or not compound indicators are included (lower if compound indicators are included), if the answers are verified (higher if verified), the number of domains included (the more the domains, the higher the score), and whether or not next steps and a reassessment component is built into the process (higher if reassessment component is included).

Of the 24 capacity assessment tools reviewed, only five were designed or have been used to assess the capacity of health/public health nonprofits in low- and middle-income countries. The five tools are: 1) Boston University Measuring Organizational

Development and Effectiveness (MODE) tool; 2) Elizabeth Glaser Pediatric AIDS Foundation Organizational and Capacity Viability Assessment Tool (OCVAT); 3) Catholic Relief Services Holistic Organizational Capacity Assessment Instrument (HOCAL); 4) FHI 360 Organizational Capacity Assessment (OCA) and 5) Management Sciences for Health Management and Organizational Sustainability Tool (MOST). Table 11 shows a comparison of these five assessment tools.

Table 11: Comparison of Common Publicly Available NGO Capacity Assessment Tools

	MODE	CRS	FHI	MOST	Elizabeth Glaser
Type of participant involvement in assessment	Management, All staff, volunteers	Management, staff, volunteers, board, donors, service recipients	Leadership	Management, staff, volunteer	Management, Staff, Volunteer Board, Donors, service recipients
Type of assessment	Externally facilitated assessment	Internal or external	100% internal process	Externally facilitated assessment	At least part of the process is externally facilitated
Types of questions	Verified objective questions	Verified objective questions	Mixed objective and subjective questions	Verified objective questions	Mixed objective and subjective questions
Utilizes compound indicators	No	Yes	No	Yes	Yes
Number of domains assessed	11	9	6	5	13
Next steps after assessment	Specific recommendations offered after assessment	Internally driven action planning process	Externally facilitated action planning process	Externally facilitated action planning process	Externally facilitated action planning process

Reassessment of organizations	Designed to be used for reassessment	No mention of reassessment	No mention of reassessment	No mention of reassessment	Recommends reassessment
Burden of assessment to organizations (0= least, 10= most burdensome)	5.5	9	5	8	6
Rigor of assessment (0= least, 14= most rigorous)	12	8	8	7	11

Source: Krause (2014). Rigor and burden: striking the right balance in organizational capacity assessment.

MODE = Boston University CGHD Organizational Assessment Tool, CRS = Catholic Relief Services HOCAL, FHI = FHI 360 OCA, MOST = Management Sciences for Health MOST

Table 11 shows that of the five assessment tools used for assessment of health/public health nonprofits in low and middle income countries, the MODE tool has the highest rigor of assessment score, followed by Elizabeth Glaser assessment tool. In addition, FHI, MODE and Elizabeth Glaser tools are less burdensome to administer when compared to the CRS and MOST tools. Furthermore, the FHI and MODE tools do not use compound indicators (two or more questions in one), unlike the CRS, MOST and Elizabeth Glaser tools. The MODE tool, unlike the other tools, was specifically designed for longitudinal assessment of the capacity of NGOs. So MODE was used for this study because it could be used to longitudinally and rigorously assess NGO organizational capacity without being too burdensome on the organizations' time and resources.

One limitation of the Krause et al. study is that the authors reviewed only tools available online; thus, this review may not include all the tools that are available for NGO capacity assessment.

3.2.5 Summary of organizational capacity building and capacity assessment tools literature review and anticipated contributions of this present study

The review of existing literature clearly shows that the study of organizational capacity building of NGOs is a very new field. The PI did not find any study that evaluated the outcome/impact of organizational capacity building of NGOs in low- and middle-income countries. Thus this present study will contribute to the literature on impact/outcome of NGO capacity building in low- and middle-income countries.

In addition, the PI found only one study that reported the outcome of non-conventional and non-resource intensive methods of capacity building of NGOs. The one published study had a weak design (post only without a comparison group) and was done in a developed country (USA). The present study offers an opportunity to evaluate the impact of non-conventional and less-resource intensive methods of capacity building outside the US, using a strong research design.

Furthermore, all the studies but one (94%) assessed the impact of capacity building interventions after one year. The only study that assessed the impact of capacity building interventions in a shorter timeframe (seven months) was conducted in a developed country (USA). Thus, there are very limited data on how quickly organizations can improve after receiving capacity building interventions. This

information is important because some funders that want to fund weak NGOs to execute projects are interested in having the NGOs improve their capacities first before funding the projects. The present study provides an opportunity to evaluate the effect of capacity building intervention after six months in a middle-income country.

Finally, all the previous reported evaluations of capacity building of NGOs used assessment tools that did not require independent verification of the capacity improvement claims of the organizations. This present study uses an interviewer administered assessment tool (MODE tool) that requires independent verification of claims made by organizations. This will reduce the likelihood of information bias that was seen in the reviewed capacity building impact studies.

CHAPTER 4: RESEARCH METHODS

4.1 Research questions

The specific research questions for this study include:

1. What factors are associated with organizational capacity of small and mid-sized NGOs serving OVCs in Nigeria at baseline?
2. Does the provision of online capacity building resources lead to improvements in key domains of organizational capacity among small and mid-size NGOs serving OVCs in Nigeria after capacity assessment and written feedback?
3. What processes lead (or not lead) to organizational capacity improvement of small and mid-size NGOs serving OVCs in Nigeria?

4.2 Research design

We conducted a mixed methods evaluation study to quantitatively measure the change in organizational capacity after our intervention (provision of online capacity building resources to NGOs) and to qualitatively examine perceptions about the processes that may lead (or not lead) to change in the organizations. For the quantitative component of the study, we conducted a two-arm cluster randomized controlled trial (RCT) involving five states (Bauchi, Gombe, Enugu, Rivers and Bayelsa states) and 72 OVC NGOs in Nigeria. We randomly assigned two states (36 OVC NGOs therein) to the treatment arm, and three states to the comparison arm (see section 4.4 and 4.5 below for a discussion on the randomization). We randomized the states and not the NGOs to avoid the possibility of the treatment spilling over to NGOs in the

comparison group (see section 4.3 below for a discussion on why an RCT at the NGO level was rejected). We consider them as OVC NGOs since they were identified as so by Association of OVC NGOs of Nigeria (AONN), our in-country study partner. We collected data from these NGOs at the baseline and after six months.

For the qualitative component of the study, we interviewed 25 executive directors of NGOs from the two arms of the study (12 from the experiment arm and 13 from the comparison arm) to better understand the factors that led to changes in their organizational capacity during the study period. The executive directors were interviewed because they are the ones in the organization most likely to be aware of all the changes that took place in the NGOs within the study period. A more detailed explanation of the qualitative research method can be found in Section 4.16 below.

4.3 Assignment of OVC NGOs via RCT considered and rejected:

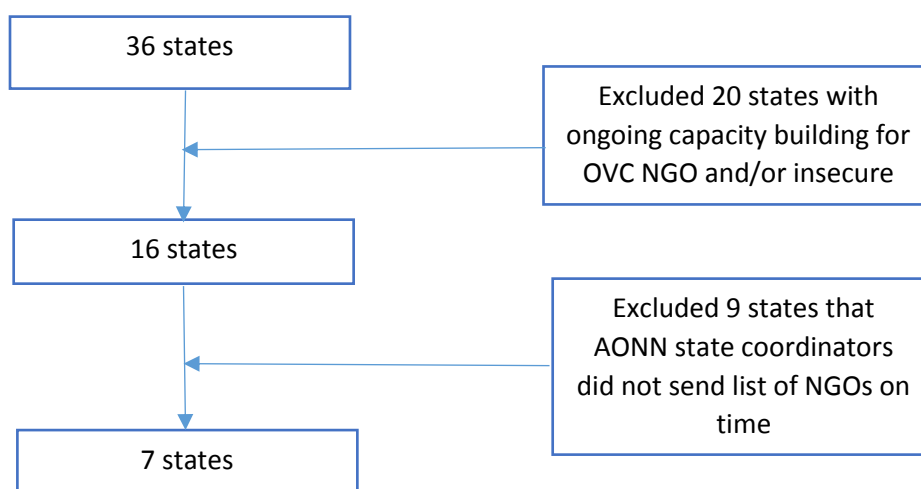
The study was initially designed to be a simple randomized controlled field trial of 91 OVC NGOs in Nigeria. However, during the baseline data collection, we discovered that there was a lot of interaction and sharing of information among NGOs in the same state, with the resultant high likelihood of spillover (i.e., when the effect of an intervention extends to the non-target population due to social interactions [66]) of the intervention within a state. This possible spillover, if not dealt with during the study design phase, will lead to an underestimation of the effect of the intervention. Since, spillover effect is better dealt with at the design phase of the study than at the analysis phase due to the difficulty in effectively measuring the level of spillover after it has occurred, we decided

to do a cluster randomized controlled study in order to reduce the possibility of spillover effect [66].

4.4 Participating NGOs

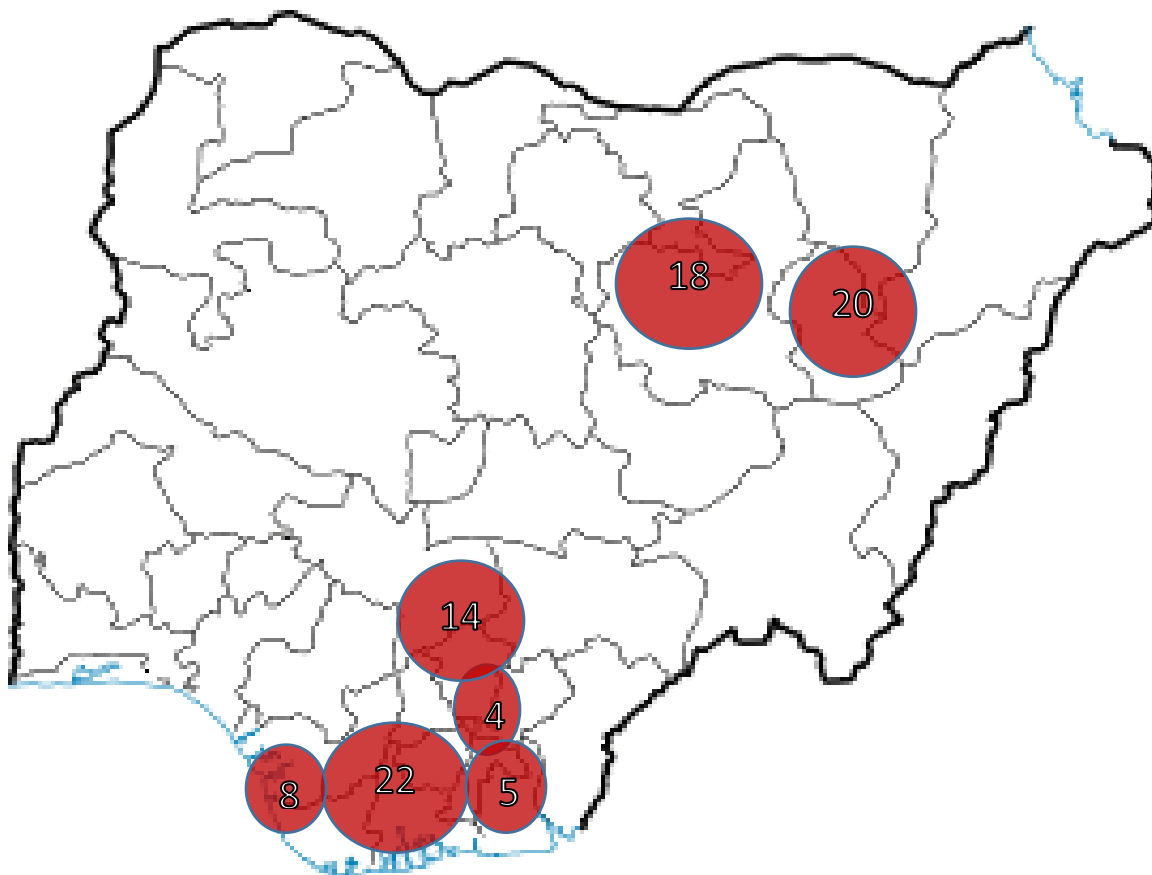
Using information provided to us by the Association of OVC NGOs (AONN) national secretariat, we selected to be included in this study seven out of the 36 states of Nigeria based on three criteria: (a) states do not have international or local funders conducting formal capacity building activities (i.e., capacity building technical assistance, workshops or grants) for OVC NGOs at the time the study was being conducted; (b) states do not have any issues with civic insecurities during the study period; (c) and states that the State Secretariats of the AONN made available to us the list of OVC NGOs by the time set by the researcher (see Figure 4 below). Of these seven states, two (Gombe, and Bauchi states) are in northern Nigeria and five (Enugu, Rivers, Bayelsa, Abia, Akwa Ibom states) in southern Nigeria.

Figure 4: Flowchart Showing Selection of States Included in the Study



The sampling frame included all 190 member NGOs of the AONN in seven states. We sent out emails to the 190 OVC NGOs in these seven states asking them if they would like to participate in the study. We provided the NGOs our inclusion criteria (outlined below) in our emails and asked them to volunteer to be part of the study if they qualify. We verified that the NGOs who volunteered to participate in the study met our inclusion criteria during our baseline assessment. We made up to three follow-up phone calls to the NGOs that did not respond to the emails after one week. A total of 116 NGOs (61% of sample frame) responded by email or were reached by phone, of which 91 (78% of the NGOs that responded) indicated interest to participate in the study. Of the 25 NGOs that were contacted but did not qualify for the study or declined to participate, one was a virtual NGO (did not have a physical office and so did not meet the inclusion criteria), two found the timing inconvenient, two were not interested because the assessment was not a precursor to a grant, and 20 did not state the reason why they were not interested in participating.

Figure 5: Map of Nigeria Showing the Number of NGOs That Indicated Interest to Participate in the Study



The inclusion criteria were: (a) that the NGOs must have a physical office (not a virtual organization); (b) must be involved in service delivery to orphans or vulnerable children; (c) must be located and providing services to OVCs living in the states selected for this study; (d) agreed to participate in the study; and (e) must have an annual budget of less than \$10 million. The exclusion of NGOs with budget more than \$10 million was to restrict the study to small and mid-sized NGOs (the focus of this study).

4.4.1 Final selection of participants

Although all 91 NGOs that indicated interest were assessed at baseline, 72 NGOs from five states were sampled to be included in the study. The power of a cluster controlled trial decreases with increasing variation in the size of the clusters [67, 68]. Therefore, to assure adequate power, our study was designed to include a similar number of NGOs in each of the states. We limited the enrollment to 18 NGOs per state (the median number of NGOs per state in the sample). The two states (Abia and Akwa Ibom) with the least number of NGOs (four and five NGOs respectively) were dropped from the study.

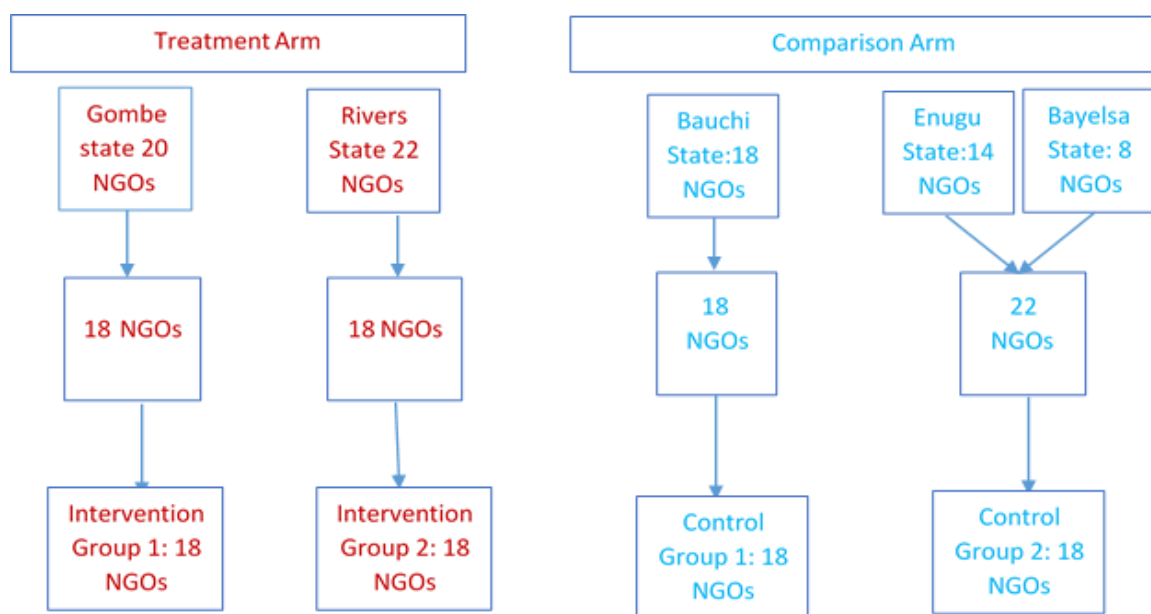
Eighteen NGOs were then randomly selected from Rivers and Gombe states respectively, while all the 18 NGOs in Bauchi were enrolled in the study. Eighteen NGOs were also randomly selected from the combination of Enugu and Bayelsa states – two states in close proximity in southern Nigeria. Enugu and Bayelsa states each had less than 18 states, so we combined the two states in order to get the 18 NGOs we need in each state (see Figure 6 below).

4.5. Random assignment of states and NGOs

We randomized NGOs to treatment and comparison groups at the level of the states, rather than at the level of NGOs. The strategy was designed to minimize the effect of spillover of the intervention among NGOs in close proximity. The states were assigned to treatment and comparison groups using stratified randomization. The states were first stratified into north and south because of the cultural, educational, health and socio-economic differences between the states in the north and south of Nigeria.

There were two states (Gombe, and Bauchi) in the North and three states (Rivers, Enugu, Bayelsa) in the south; however, for the purposes of this study Enugu and Bayelsa states in the south were combined as one state. After the stratification, the two states in each strata were then assigned to treatment and comparison groups by simple randomization. So, the treatment group consists of Gombe and Rivers states; and the comparison group consists of Bauchi and Enugu-Bayelsa states.

Figure 6: Chart Showing the States in Treatment and Comparison Groups



4.6. Implementation of random assignment

The random assignment of the states was done after the baseline data collection. One of the research assistants first stratified the states into north and south. The names of the two states in the north were put in a hat and the first one drawn was assigned to the treatment group and the other to the comparison group. She did the

same for the southern states.

In the treatment group, the 20 NGOs in Gombe state were put in a hat and 18 were drawn from the hat, and the 22 NGOs in Rivers state were also put in a hat and 18 were drawn. For the comparison group, all the 18 NGOs in Bauchi were included in the study and 18 NGOs were drawn from the 22 NGOs in Enugu - Bayelsa state.

4.7. Blinding

To minimize information bias, the data collectors were blinded to the intervention status of the NGOs. The research assistants for each state were locally recruited from the state, and since all of the sample NGOs in each state were in either the treatment or comparison group, the assessors were not aware of differences in intervention status between the states.

4.8 Study intervention

The study intervention for the treatment and comparison groups is shown in Table 12 below.

Table 12: The Study Intervention for Treatment and Comparison Groups

Study Intervention
<p>Comparison group intervention</p> <ol style="list-style-type: none"> 1. Organizational capacity assessment using the MODE tool 2. Comprehensive written feedback with actionable steps on what NGOs need to do to improve 3. Capacity development plan template sent to NGOs to help them plan the steps to take to improve their capacity

Treatment group intervention

1. Organizational capacity assessment using the MODE tool
2. Comprehensive written feedback with actionable steps on what NGOs need to do to improve
3. Capacity development plan template sent to NGOs to help them plan the steps to take to improve their capacity
4. Access to online capacity building resources that contain actionable steps on what the NGOs need to do in order to improve, tool kits, manuals, templates etc., in addition to copies of these materials on a flash drive.

The capacity of all the NGOs was assessed at baseline using MODE tool (see Appendix 5). After the baseline assessment, both arms of NGOs (treatment and comparison arms) received written feedback sent to them by email. The feedback outlined their scores in the different domains of the assessment, their areas of weakness, and the actionable steps they could take to improve their capacity. In addition, the treatment arm was given access to online capacity building resources of the Boston University Center for Global Health and Development (BU CGHD) (staging.bu.edu/mode/). Due to the fact that some of these organizations do not have regular access to the internet, the online capacity building website was copied on flash drives and sent to all the NGOs in the treatment group. The content of the different components of the interventions are explained in detail below.

- **Comprehensive written feedback to the organizations**

The written feedback to the organizations explained their performance in each

of the domains and sub-domains. In addition, it included the scoring sheet for the assessment showing the performance of the organizations in each of the indicators in which they were assessed. Figure 7 below is a portion of the scoring sheet sent to one of the NGOs, showing the NGO's performance in each of the indicators assessed in the financial management and budgeting domain (see 4.9.3 for an explanation of the MODE scores).

Figure 7: Scores of an NGO in the Financial Management Domain

DOMAIN/SUB-DOMAIN/INDICATOR		RAW SCORE (based on scale of 10)	ACTUAL SCORE (out of 10)	%
10 FINANCIAL MANAGEMENT AND BUDGETING				
1	Budgeting			13%
	a The organization has a written budget	1	0	
	b The percentage of projects that have prepared a budget report within the last 4 months	1	0	
	c Budget reports identify the difference between actual and budgeted expenses	1	0	
	d Management met to discuss the budget at least once during the last three months	2	5	
2	Financial management system			58%
	a Organization has written financial management policies/manual	3	10	
	b The organization employs a full or part-time bookkeeper or finance manager	3	10	
	c A computerized financial management system is used	1	0	
	d The financial management system can generate summary information within a day of request	2	5	
	e Financial management files are backed up regularly	1	0	
	f Organization reimburses staff for expenses within seven days	3	10	
3	Audit			0%
	a The financial system has received an external audit within the last 12 months	1	0	
	b Percentage of recommendations from the audit that have been corrected	1	0	
				33%

In addition to the feedback on their performance, all the treatment and comparison NGOs also received recommendations on actionable steps they need to take to improve. We gave the NGOs a standardized set of recommendations that is tailored to the indicators on which they demonstrated a weakness. Table 13 below shows an example of action steps recommended for strategic planning, and logistics management.

Table 13: Example of Recommendations to NGOs for Capacity Building

Domain	Recommendation
Strategic planning	<p>Strategic framework</p> <ul style="list-style-type: none"> • Conduct a strengths, weaknesses, opportunities and threats (SWOT) (or similar) analysis <p>Strategic plan development</p> <ul style="list-style-type: none"> • Develop a strategic plan • Ensure the strategic plan references the mission • Ensure the strategic plan sets specific goals • Ensure each goal has specific objectives • Ensure every objective is time bound and includes milestones to monitor progress • Involve staff in developing future strategic plans • Consult external stakeholders to develop future strategic plans and document this consultation <p>Use of strategic plan</p> <ul style="list-style-type: none"> • Conduct an annual review of the strategic plan • Ensure staff are aware of the strategic plan • Include the strategies in an external document (brochure, presentation, film, website)
Logistics Management	<p>Storage</p> <ul style="list-style-type: none"> • Take appropriate measures to protect the storage space from theft • Ensure storage space is clean and dry • Label all items in the storage space • Store all items with an expiry date first in first out (FIFO) • Regularly monitor and maintain the cold chain <p>Distribution</p> <ul style="list-style-type: none"> • Develop written guidelines for issuing items from storage • For every supply, record which beneficiaries received the supply

	Inventory management <ul style="list-style-type: none"> • Develop a written inventory for fixed assets and consumables (if applicable) • Revise the inventory so it identifies items by name and by quantity • Revise the inventory so it records the expiry date for items • Revise the inventory so it records receipt of items • Revise the inventory so it records date of distribution of items • Develop an asset management and disposal policy • Set minimum and maximum thresholds for restocking of supplies so the organization knows when to place new orders and does not order more than the storage capacity available • Use bin cards to monitor stock levels • Update all bin cards to reflect current stock levels • Manage procurement so there are no stock outs and supplies are available when needed
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- **Capacity development plan template**

Furthermore, all the treatment and comparison NGOs received a capacity development plan template to help them plan the steps they would need to take to improve. The plan template included columns for present capacity in each sub-domain, the gaps identified, actionable points or activities to be carried out, persons responsible, resources needed and timeline. We filled in the priority level and current capacity score columns of the template (from the results of the capacity assessment) before sending the template to the NGOs by email.

Figure 8: Portion of the Capacity Development Plan Template Sent To NGOs

		CAPACITY DEVELOPMENT PLAN																		
Name of CSO:																				
DOMAIN AND SUB-DOMAIN ASSESSED		PRIORITY LEVEL (HIGH/LOW)	CURRENT CAPACITY SCORE	GAPS IDENTIFIED	ACTIONABLE POINTS/ ACTIVITIES	PERSON RESPONSIBLE	RESOURCES NEEDED	TIME LINE												
								JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC	
MISSION AND VALUES																				
1	Statement of mission and values																			
2	Use of mission statement																			
3	Staff awareness of mission																			
LEADERSHIP AND GOVERNANCE																				
1	Transparency in Leadership																			
2	Governance																			
3	Succession planning																			

- **Online capacity building resources - Treatment group only**

The organizations in the treatment group, in addition to the feedback, also had access to the Boston University Center for Global Health and Development capacity building website. The website is unique in its tailoring of the capacity building materials in line with the MODE assessment tool; likewise, the materials are arranged based on the domains and sub-domains in the MODE assessment tool. The website provides actionable steps, templates and toolkits for the organizations to improve their capacity. So while the report might tell the organizations to do a SWOT (strength, weakness, opportunity and threats) analysis, the website provides information and toolkits on how to do a SWOT analysis.

4.9. Study outcomes

The outcome of interest in this study is the change in the organizational capacity of the NGOs after 6 months as measured by MODE tool.

4.9.1 Measurement of study outcome

The outcome was measured using the measuring organizational development and effectiveness (MODE) tool.

4.9.2 The MODE Tool

The MODE tool was originally developed and field tested in India in 2011 and was adapted from MSH's Management and Organizational Sustainability Tool (MOST). The initial pilot study in India involved three NGOs and data collection lasted for about one month in each of the NGOs [18]. The MODE tool was then modified based on

lessons learned in India. It was then used to assess 44 NGOs in Ethiopia between 2012 and 2014 and was further modified based on lessons learned in Ethiopia. The inter-rater reliability (kappa) of MODE organizational development score is 0.89, indicating an almost perfect agreement between raters [69]. The inter-rater reliability of MODE was calculated based on the scores of 85 NGOs that were independently assessed by two teams of research assistants during the first round of this study.

The MODE tool assesses organizational capacity in 11 domains, 43 sub-domains and 220 indicators. The 11 domains include:

- Mission and Values
- Leadership and Governance
- Strategic Planning
- Operational Planning
- Management of People
- Linkages and Communication
- Logistics Management
- Quality Management
- Management of Information
- Financial Management and Budgeting
- Financial Security and Fundraising

The MODE assessment tool has three components:

1. Organizational profile questionnaire
2. Interview and document review questionnaire
3. Staff survey.

- **Organizational Profile Questionnaire**

The organizational profile questionnaire gathers background organizational information such as NGO formation, structure, leadership, governance, donors, funding, activities, and capacity building assistance [18]. The organization's leaders are asked to complete the profile before the assessment, and it is then reviewed in person with the research team on the day of the assessment.

- **Interview and Document Review Questionnaire**

The interview and document review involves key informant in-depth interviews with management level staff, often including the executive/managing director, finance officer, human resource manager, information manager and the storekeeper. During the interview and document review, the interviewee is asked to describe a process, document, plan, or strategy and then documentation or direct observation is used to verify the interviewee's responses [18].

- **Staff Survey**

The staff survey is anonymous. All responses are limited to check answer (yes, no, prefer not to answer). The survey gathers basic demographic information about the survey respondent (gender, time at organization, etc.) and then assesses the staff member's knowledge of organization and organizational functioning and processes in all the 11 domains (e.g., staff are asked if their NGO has a strategic plan; if they have discussed the annual plan in a meeting in the last 4 months; etc.).

4.9.3 Measurement of organizational capacity score

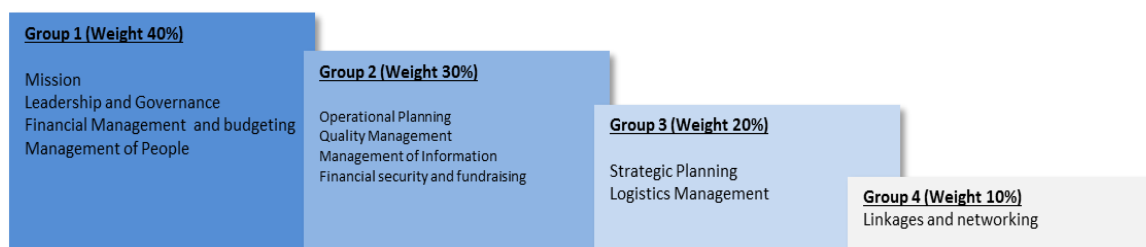
Each MODE domain is divided into several subdomains, which in turn are measured through clearly defined, specific and replicable indicators. Based on these data sources, each indicator is given a raw score between 1 and 3 (1 is No or 0% of the time; 2 is Yes with partial documentary evidence or 1–99% of the time; and 3 is Yes with full documentary evidence or 100% of the time) which is converted to a score out of 10 (where 1 is converted to 0, 2 is converted to 5 and 3 is converted to 10). Indicators are then added to give sub-domain scores, which are then summed to give a total score for each domain. Each domain and subdomain score is converted to percentage by dividing the scores obtained by the total score possible in that domain/subdomain. The domain scores are then added to give the organizational development (OD) score, which is also converted to percentage.

4.9.4 Weighting the relative importance of domains

In the report sent to each NGO, we outlined three high priority domains that the NGO needed to focus more attention on. We thought this would be particularly helpful to NGOs with scarce resources who might want to concentrate their capacity building on domains of greatest need. The three high priority domains were identified based on weighted scores, as explained below and in Figure 9. First, we arrayed organizational domains into four groups based on importance to organizational performance, then we assigned a weight to each group. The domains in Group One were considered the most important for organizations to achieve their mission and so the score for this group of

domains was weighted as 40% of the total, while the domain in Group Four was considered the least important and weighted at 10% of total score (see Figure 9). The weighting criteria below was developed based on previous applications of the MODE tool and discussions with practitioners in the organizational development field. Unfortunately, we could not find any guidance in the literature on which of the domains is more important for organizational performance than others.

Figure 9: The Weighting of Domains in the MODE Organizational Capacity Score



4.10 Explanatory variables

The explanatory variables for this study include: the age of the NGO, the 2015 annual budget, number of staff, presence of discretionary funds, the number of executive directors the NGO has had since inception, the number of years the current executive director has led the NGO, the size of the board of directors, and the number of times the board met in the last 12 months. The PI extracted the explanatory variables from the organizational profile questionnaire (a component of the MODE tool).

4.11 Confounding variable

The confounding variable of interest in this study was whether the NGOs received external capacity building assistance (workshops, technical assistance, capacity

building grants) from donors, or development partners (including government) during the period of the study. External capacity building assistance is a confounding variable of interest because it is often associated with improvement in NGO capacity (outcome of interest) and also often associated with the characteristics of the NGOs e.g. size of NGO (independent variable of interest). During the second assessment, NGOs were asked if they received any external capacity building assistance during the study period and in which thematic areas they received the capacity building assistance.

4.12. Sample size calculation

With a design effect or variance inflation factor (describes correlation between predictors in a regression analysis) of 1.34 (see calculations in appendix), the sample size of 72 (36 NGOs in each arm of the study) has a 78% power at alpha level of 0.05 to detect a 6 points difference in capacity improvement (effect size) in the two arms of the study [67, 68]. The 78% power shows that our study was slightly underpowered. This means that the study may not be able to detect subtle differences in performance between the two arms of the study.

4.13. Data Collection

Two rounds of data collection were done: Round 1 in June – July 2015 and Round 2 in January 2016. Our evaluation study was conducted in three broad but interlinking phases; pre-assessment, assessment and post-assessment phases.

4.13.1. Pre-assessment

The pre-assessment phase involved consultative meetings, recruitment of NGOs (already discussed) and recruitment and training of research assistants and supervisors.

- ***Consultative meetings***

We met with AONN national leadership in May 2015 to decide on the states that met our inclusion criteria and the general procedure for the study, after which we signed a memorandum of understanding with AONN. We also met with state coordinators of AONN in the different states where the assessment took place to agree on the modalities for the assessment. We held consultations with both the national and state secretariats of AONN throughout the study. In addition, we held consultative meetings with the Ministry of Women Affairs (OVC NGOs in Nigeria are under the supervision of the Ministry of Women Affairs) to inform them of the study and our progress.

- ***Training of research assistants***

Twenty research assistants and four supervisors were recruited for the assessment. Two of the research assistants were college students, while the other 18 were college graduates. The four supervisors were people with prior NGO capacity assessment and/or capacity building experience. The research assistants were hired locally and were familiar with the culture, people, terrain and language of the states in which they carried out the assessment. We had at least four research assistants working in each of the states during the baseline assessment. In order to build local capacity of

AONN, at least one of the research assistants in each state was a staff of AONN. The training of the research assistants was carried out in two phases: workshop section and field practice. All the research assistants were trained in a one-day workshop conducted by the PI in the different states. Formal lectures, demonstration sessions, and role-plays were the training methods employed.

Key topics covered during training include how to:

- Conduct MODE interview and document review with key personnel
- Conduct MODE staff survey
- Review organizational documents and identify key elements
- Navigate mobile data collection software (CommCare)
- Research ethics

For the field practice, the research assistants observed the PI and one of the supervisors assess one or two NGOs. Then the PI watched the research assistants assess at least two organizations. There was a debriefing section after the field practice to correct any mistakes observed.

Throughout the assessment, the research assistants reported back to the supervisors who periodically joined in the assessments to monitor how the assessments were progressing. There was a refresher training (including training on how to conduct a key informant interview) before the second round of capacity assessment.

4.13.2. Assessment

- ***MODE administration***

The organizational profile questionnaire, interview and document review questionnaire and staff surveys were administered by two data collectors at each NGO. The assessment usually took about three hours. The organizational profile questionnaire was usually administered first. Thereafter, the research assistants presented the list of MODE domains and subdomains to the executive directors (or most senior staff available) and asked the executive directors for the best persons in the organization to answer questions in each of the domains. After that, the team split up in two to administer the questionnaire to different people in the organization. They asked questions about documents or procedures and request to see the documents or procedures. Anything that was not seen or observed was assumed not to exist.

After the interviews and review of the documents, the staff surveys were then administered. In most cases, the staff were gathered in a room and the staff survey administered. The research assistants collected the questionnaire immediately after the staff completed them. The unique ID of the organizations was written on the staff survey and the numbered serially.

After the assessment, the research assistants verified that all data fields in the questionnaires were complete. The research assistants noted where they had uncertainty in scoring, and these questions were discussed in the debriefing session.

- ***Key informants' interview***

The PI and the research assistants interviewed the executive directors after the second round of the assessment using an interview guide (appendix 4). The interviews were usually held in a place the executive directors felt was convenient for them; many of the interviews were held in the presence of other members of the NGO management team. The interviews lasted between 3 and 25 minutes and the focus of the interview was on what the organizations did or did not do between the first and second assessments. We wanted to better understand what could have led to the changes (or lack of changes) in the organizations. The interviews were audio taped and sent to the PI via email immediately after the interviews. The PI provided ongoing feedback to the team on anything they needed to modify during the interview.

4.13.3. Post assessment

- ***Data entry***

The responses from the interview and document review were entered directly into CommCare data software (Dimagi Inc., Cambridge, MA) on tablets. However, the data was not saved to the CommCare database until after the debriefing session that occurred after each assessment. During the debriefing section, the research assistants reviewed and discussed any questions they were not sure of how to score. Through this discussion, they would often agree on a score; however, if they could not reach a consensus on scoring for any question the research assistants contacted their supervisor or PI. The research assistants also re-counted the staff surveys and ensured every survey

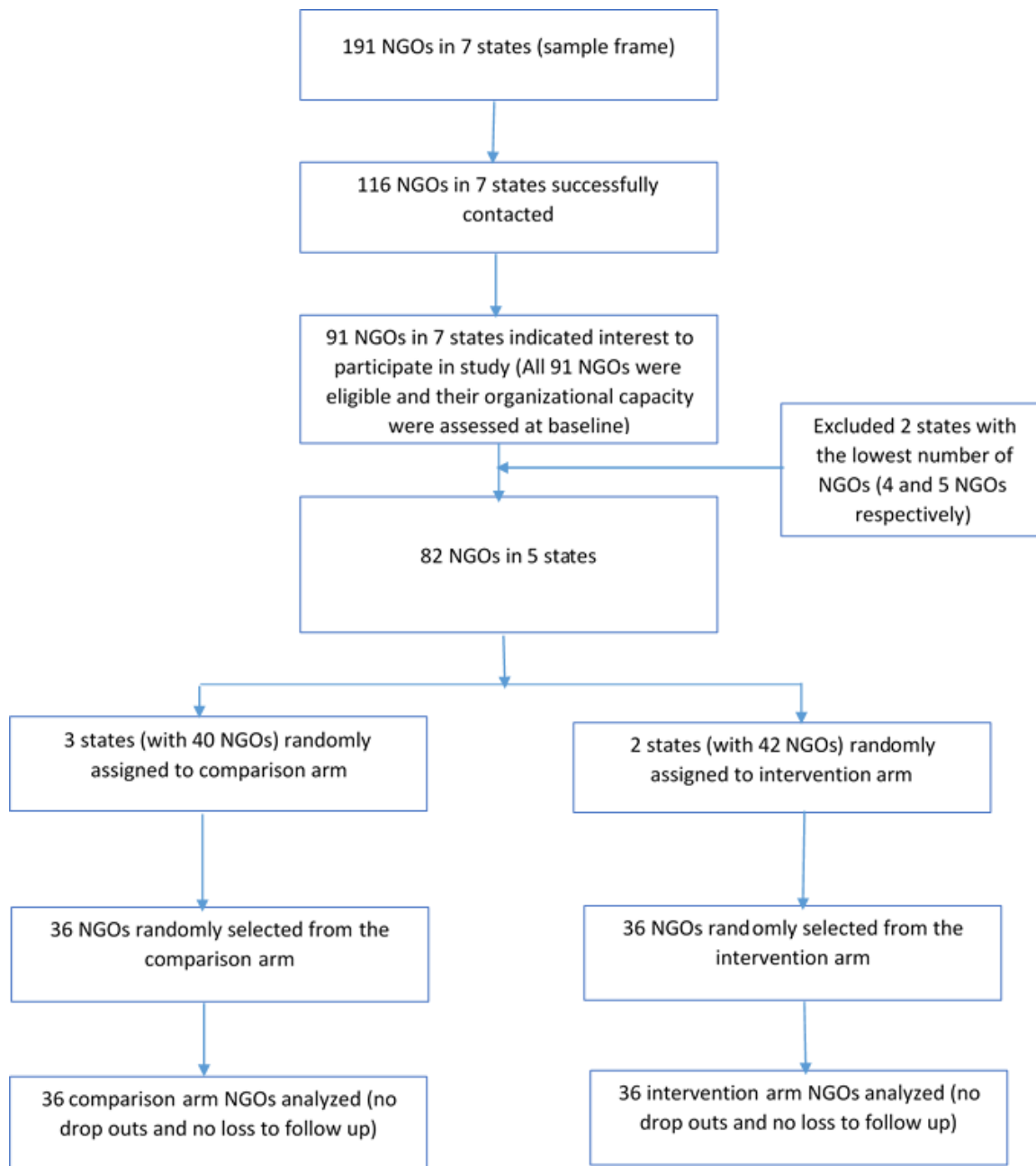
was numbered and labeled with the NGO ID. Then data from the staff surveys and the organizational profile were entered into CommCare software, and saved. The PI daily downloaded the data from the CommCare database to re-confirm that data was complete. Once the PI confirmed the data as complete, the data was backed up on a hard disc and the staff surveys were destroyed.

To calculate the scores for each of the domains, the PI exported data from the interviews, document review, and the staff surveys to a pre-defined Microsoft Excel sheet. The pre-defined worksheet combined the scores from the interview, document review, and the staff survey to produce a single score for each of the indicators, sub-domains and domains.

4.14 Participant flow in the study

The 72 organizations in the study participated in both the baseline and end line capacity assessment. There was no drop out or loss to follow up. Figure 10 below shows the participant NGOs flow in the study.

Figure 10: The Participant NGOs Flow in the Study.



4.15. Quantitative Data Analysis

. For the quantitative analysis, we conducted a series of descriptive and inferential analyses. Intention to treat (ITT) bivariate and multivariate analysis were done to answer the research questions. ITT analysis means that the analysis was based on the groups that the NGOs were assigned to regardless of compliance with the intervention (used the online resources or not). We chose to do ITT analysis because it gives an unbiased estimate of treatment effect and also minimizes the possibility of type I error due to its cautious approach and allows for the greatest generalizability [70–72]. In addition, if the non-compliant organizations are excluded from the analysis, it will lead to reduced sample size and reduced statistical power [72].

4.15.1 Data cleaning and coding

The PI cleaned the data and checked for missing data, extreme outliers (greater than 3 standard deviations above or below the mean [73]) and invalid data entry. There was no invalid data entry noted. Less than 5% of the data was missing in all the variables of interest (apart from the budget with 7% of data missing). Based on the Harrell (2001) guideline, we imputed the missing values with the median of the non-missing values in each of the variables of interest [74].

There was one extreme outlier in staff size and age of organization variables respectively and three extreme outliers in change in organizational capacity (dependent variable). We analyzed the data with and without the outliers and there was no significant change in the two results. So we decided to leave the outliers in the data.

Data analysis was done using SAS 9.3 statistical analysis software package (SAS Institute Inc., Cary, NC) and Microsoft Excel 2010.

4.15.2 Data analysis to answer specific research questions

Data was analyzed to answer the following research questions

- ***Research question 1: What factors predict or influence organizational capacity of small and mid-sized OVC NGOs in Nigeria***

To answer research question 1, we did a sequence of analyses. First, we conducted a bivariate analysis using t-test and chi-square tests as appropriate for the variables under consideration to find out the factors that are correlated to the organizational capacity of the OVC NGOs in Nigeria that are selected for this study.

Second, we employed hierarchical linear modeling to test the significant predictors of organizational capacity when all factors are mutually adjusted in the model.

Multilevel modeling was used in order to account for the hierarchical nesting of data.

Ignoring clustering leads to inflation of Type 1 or Type 2 error and overestimation of the treatment effect [75, 76].

Hierarchical linear model (HLM) is a regression model that occurs at different levels. For this study, we are modeling at two levels, the level of the NGOs – level 1, and the level of the states where the clustering for the intervention was done – level 2. We are modeling the organizational capacity of individual NGOs (level 1) and exploring the influence of the characteristics of these NGOs (at level 1) and the clustering at the level of the states (at level 2). A multilevel model is shown below

$$Y_{ij} = \beta_{00} + \beta_{01}W_j + \beta_{10}X_{ij} + \beta_{1j}X_{ij} + \mu_j + e_i$$

Where Y_{ij} = organizational capacity of NGO i in state j , β_{00} = intercept (mean of organizational capacity across NGOs and across states), β_{01} = regression coefficient associated with W_j (i.e., state level predictors for state j), β_{10} = average effect of NGO level predictors, X_{ij} = NGO level predictor (age of NGO, budget, budget, staff strength, presence of discretionary funds) for NGO i in state j , μ_j = error term associated with state j , e_i = NGO level error term.

The model estimation was done using maximum likelihood (ML). We conducted model diagnostics using the SAS macro written by Bell et al. (2011) to check for residual normality, linearity and homogeneity of variance [77].

- ***Research question 2: Does the provision of online capacity building resources lead to improvements in key domains of organizational capacity building among small and mid-size NGOs serving OVCs in Nigeria?***

We first conducted a descriptive analysis comparing NGOs in the two arms of the study on a number of variables (age of NGOs, budget, staff size, presence of discretionary funds, number of years the present executive director has led the NGO and the number of executive directors the NGO has had). We also compared the organizational capacity score of the two arms of the NGOs at baseline. The descriptive analysis was to check for differences between the two arms of the study at baseline, so that we could adjust for any baseline differences while analyzing the effect of the intervention.

Second, we adopted a hierarchical linear modeling technique to test for the change in the organizational capacity of the NGOs adjusting for the baseline differences in the two arms of the study. We built the model sequentially. We first evaluated the effect of online capacity building on change in organizational capacity (outcome). Then we sequentially adjusted for the baseline differences in the age of the organizations, the budget and the organizational capacity score. We also conducted model diagnostics using the SAS macro written by Bell et al. (2011) to check for residual normality, linearity and homogeneity of variance [77].

4.16 Qualitative Research Methods

To answer research question 4, *What processes and factors lead to organizational capacity improvement of OVC NGOs in Nigeria?*, we interviewed executive directors of NGOs from the two arms of the study to better understand the factors that led to changes in their organizational capacity during the study period. Specifically, we asked them what the organizations did after the first assessment (e.g. any capacity building activities undertaken), if they used the online materials, how they used them, the challenges they encountered while making changes in their organizations etc. We developed an interview guide that was used for all key informant interviews (see interview guide in appendix 4). All the key informant interviews were completed in person by the PI and research assistants after the second round of capacity assessment. Fifty-six interviews in five states were conducted in all, but the analysis was based on 25 NGOs that are exemplars at both ends of the change spectrum

(12 of the NGOs in the highest change quartile and 13 in the lowest change quartile).

We chose the groups that had the best and the worst organizational capacity changes (two clearly distinct groups) in order to better understand the processes that led to their improvement or lack of improvement. All the interviews were audio recorded and transcribed.

- **Qualitative data analysis**

The qualitative analysis was done using directed content analysis method [78]. The goal of directed content analysis is to “validate or extend conceptually a theoretical framework or theory” [78]. In directed content analysis, researchers use existing theory or prior research to identify key concepts or variables as the initial coding category [79, 80]. Any text that cannot be coded with the initial code is given a new code. We used the directed content analysis because our present study was designed to further explore our prior findings in Ethiopia.

The PI first outlined the action that we had identified to bolster organizational capacity improvement in our Ethiopia study. They include: 1) peer networking; 2) team work and task sharing; and 3) involvement of different stakeholders. These formed the initial coding categories.

Two data analysts (the PI and one of the supervisors) carefully reviewed all the transcripts and highlight all texts that represent NGO actions steps and processes. Then the highlighted texts were coded using the pre-determined codes wherever possible. The data analysts also examined the text to see if sub-categories of the initial codes

existed in the text. New codes (e.g. peer mentoring) were determined for highlighted action steps NGOs took that could not be coded based on any of the initial coding categories. The two data analysts met to review their coding and reach a consensus where there was any disparity.

One possible drawback of direct content analysis is that using pre-determined codes could bias the data analysts and make them miss other important NGO action steps and processes that are not captured by the pre-determined codes. We prevented this by making sure that we first read and highlighted all texts that represent NGO action steps and processes prior to coding. This ensured that we did not miss any process that was not part of our pre-determined codes.

CHAPTER 5: RESULTS

In this section, we outlined the descriptive and inferential results from our study.

5.1. Results on factors associated with organizational capacity score at baseline (Research Question 1)

For this analysis, we considered the variables found in prior studies as significant predictors of organizational capacity. These variables include: organizational age, budget, number of staff, the number of years the current executive director has led the NGO, the number of board members, the number of times the board met in the last 12 months and their baseline organizational capacity score.

Bivariate analysis of the baseline organizational capacity scores shows that the age, budget size, availability of discretionary funds (unrestricted funds that are not tied to specific projects, which the NGOs can spend on what they deem necessary), and the number of staff are significantly associated with the organizational capacity of small and mid-sized NGOs serving orphans and vulnerable children in Nigeria.

Organizations older than 10 years have stronger organizational capacity compared to those that are 10 years or younger ($p < 0.0001$). Similarly, organizations with annual budget greater or equal to \$25,000 have stronger organizational capacity compared to those with annual budget less than \$25,000 ($p < 0.0001$). Furthermore, organizations with discretionary funds have a higher organizational capacity score compared to those without discretionary funds ($p = 0.0005$). In addition, organizations with 10 or more staff have a stronger capacity score than those with less than 10 staff

($p=0.0008$).

Table 14: Bivariate Associations between Selected Organizational Characteristics and Organizational Capacity, n=72 Small and Mid-Sized NGOs, Nigeria, 2015.

	n	Mean (Sd)	p-value
Age of Organization (in years)			
≤10	33	49.9 (17.2)	<0.0001
> 10	39	65.5 (13.2)	
Total annual budget in US \$, 2015			
Low (<25,000)	41	51.7 (17.1)	<0.0001
High (≥25,000)	31	67.2(12.3)	
Organization has Discretionary Funds			
No	35	51.4 (14.1)	0.0005
Yes	37	65.0 (17.0)	
Amount of discretionary funds			
≤\$3,000	24	61.2 (17.4)	0.05
> \$3,000	13	71.92 (14.4)	
Total number of staff members			
Low (<10)	44	53.1 (15.8)	0.0008
High (≥10)	28	66.6 (15.7)	

Table 16 portrays the results of our multivariate analysis. We performed a multivariate analysis to examine the association between the dependent variable (organizational capacity) and the predictor variables of age, budget, staff size and availability of discretionary funds. We employed a 0.05 level of significance for testing association. There was a significant association between organizational capacity and availability of discretionary funds while holding NGO age, budget and staff size constant. The adjusted organizational capacity score of NGOs with discretionary funds is 10.7 percentage points higher than those without discretionary funds ($p=0.0015$). There was

also a significant association between organizational capacity and NGO age while holding the other predictors constant. The adjusted organizational capacity of NGOs older than 10 years is 10.9 percentage points higher than those less than or equal to 10 years ($p=0.0023$). Furthermore, there was a significant association between organizational capacity and NGO budget while holding the other predictors constant. The adjusted organizational capacity score of NGOs with budget greater than or equal to \$25,000 is 8.2 points higher than those with budget less than \$25,000 ($p=0.02$).

Table 15: Factors Associated with Organizational Capacity (n=72 small and medium NGOs, Nigeria, 2015)

Factors	β (s. e.)	p-value
Discretionary fund (ref: No)	10.7 (3.2)	0.0015
Age of NGO (ref: ≤ 10 years)	10.9 (3.5)	0.0023
Staff size (ref: <10 staff)	4.3 (3.5)	0.22
Budget (ref: $<\$25,000$)	8.2(3.4)	0.02

The R-square of the model at the level of the NGOs is 0.40 and 0.94 at the level of the states, indicating that 40% of the variability in organizational capacity at the NGO level and 94% of the variability at the state level was explained by NGO age, budget, staff size and availability of discretionary funds. (The proc mixed procedure in SAS does not output the R-square. However, we calculated the R-square by dividing the variance of the hierarchical linear model with predictors by the variance of the baseline hierarchical model without predictors and subtracted the result from one ($(1 - (\text{variance of the hierarchical linear model with predictors} / \text{variance of the baseline hierarchical model without predictors}))$ [81].

5.2. Impact of online capacity building resources on change in organizational capacity

(Research Question 2)

We present the results of our analysis of the impact of online capacity building resources on change in organizational capacity under the following sub-headings: 1) characteristics of treatment and comparison groups at baseline; 2) organizational capacity score at baseline; 3) change in organizational capacity score; and 4) impact of online capacity building resources on change in organizational capacity.

5.2.1 Characteristics of treatment and comparison groups at baseline

Using a t-test, we compared at baseline the NGOs in the treatment and comparison groups with respect to the confounding variables found to be significant in prior studies (Table 14). These variables include: organizational age, budget, number of staff, the number of years the current executive director has led the NGO, the number of board members, the number of times the board met in the last 12 months and their baseline organizational capacity score. Baseline organizational capacity scores were significantly different between the treatment and comparison groups. The baseline total organizational capacity score for the treatment group is 54.2% compared to 62.6% for the comparison group ($p=0.03$). In Figure 11 below, we compared 11 domains of organizational capacity at baseline.

Among the confounding variables, the number of times the board met in the last 12 months was significantly different between the treatment and comparison groups. The NGOs in the treatment group were younger, and had less staff and budget

compared to the NGOs in the comparison group, although these differences were not statistically significant. The board size is similar in both groups (6 vs. 7).

Table 16: Organizational Characteristics of Treatment and Comparison Groups at Baseline

	Treatment group (<i>n</i> =36)	Comparison group (<i>n</i> =36)	<i>p</i> -value
Variable	Mean (Sd)	Mean (Sd)	
Baseline organizational capacity score (out of 100)	54.2 (14.5)	62.6 (18.4)	0.03
Age of organization (years)	10.5 (5.3)	14.1 (8.3)	0.09
Number of years present executive director has led NGO	7.4 (3.9)	7.0 (4.6)	0.52
Number of staff	10.7 (8.1)	12.1 (8.3)	0.41
2015 budget (\$)*	17,000	31,250	0.10
Number of board members	6.3 (2.3)	7.0 (3.1)	0.67
Number of board meetings in the last 12 months	1.4 (1.6)	2.0 (1.2)	0.03

Notes: * The median budget was reported instead of the mean because the budget of the NGOs were not normally distributed.

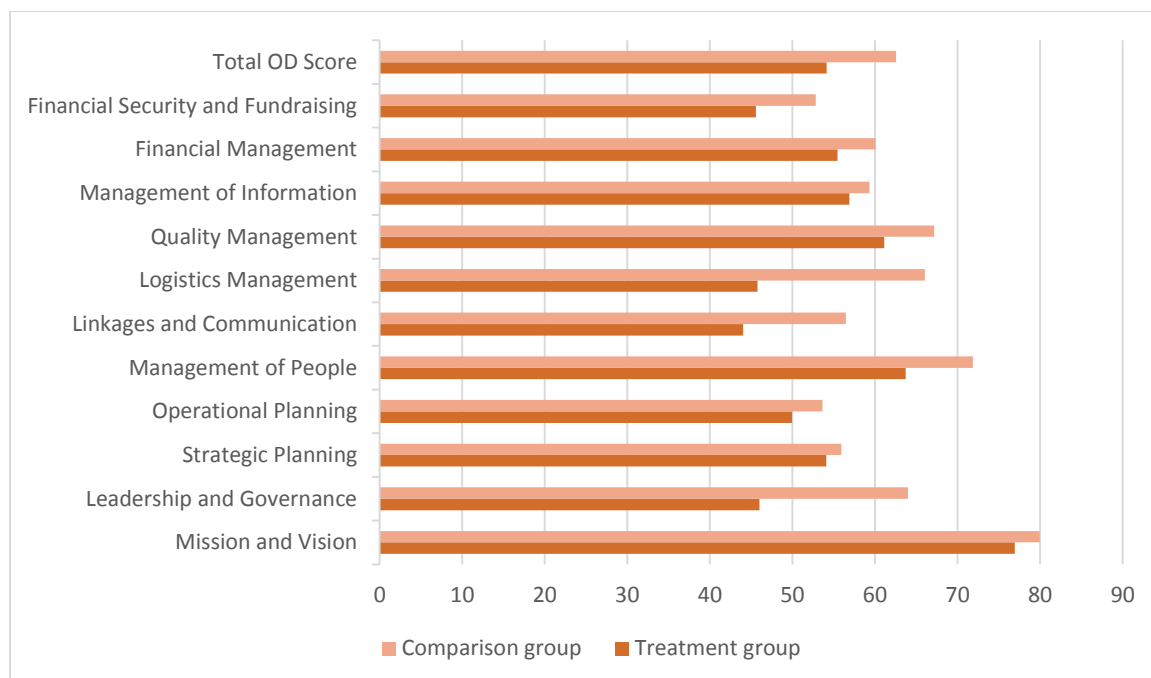
5.2.2 Organizational capacity score at baseline

Figure 11 presents a comparison of the organizational capacity domains, as measured at baseline. In all domains, both groups scored between 44% and 80%, with the three highest scores found in Mission and Values (77% for treatment and 80% for comparison groups), Management of People (64% for treatment and 72% for comparison) and Quality Management (61% for treatment and 67% for comparison).

The lowest scores for the treatment group are: Linkages and Communication (44%); Financial Security and Fundraising (46%); Logistics Management (46%); and Leadership and Governance (46%). For the comparison group, the lowest scores are:

Financial Security and Fundraising (52%); Operational Planning (54%); and Strategic Planning (56%).

Figure 11: Bar Chart Showing the Baseline Organizational Development Scores



The comparison group had higher scores than the treatment group in all of the domains.

5.2.3 Change in organizational capacity score

We examined the change in organizational capacity from baseline to endpoint as measured by MODE tool. Interestingly, we found a significant improvement in organizational capacity score for NGOs in both the experiment group ((15.4 percentage points increase (sd=9.86) ($p<0.0001$)) and the comparison group (19.1 percentage points increase (sd=10.18) ($p<0.0001$)) after six months.

The organizational capacity domain with the least improvement in both groups was Mission and Value, with a 5.8 percentage point increase in the experiment group and 6.5 percentage point increase in the comparison group. We will recall that at baseline, Mission and Value was the domain with the highest organizational capacity score (Figure 11). Thus the strongest domain at baseline improved the least after the intervention.

Similarly, we found that the domains with the greatest organizational capacity improvement in both the treatment and comparison groups were among the weakest domains at baseline. The domain with the greatest improvement in the treatment group is Logistics Management (28 percentage point increase) while it is Operational Planning in the comparison group (33 percentage point increase).

Statistically significant performance improvement differences between the experiment and comparison groups were observed in two domains: the organizations in the comparison group improved more in Operational Planning ($p=0.009$) and Financial Management and Budgeting ($p=0.01$), compared to the experiment group. While it is important to examine the reasons for the difference in improvement in these two domains, the question is beyond the scope of our study.

Table 17: Change in Organizational Capacity Score of Treatment and Comparison Groups

Change in organizational capacity score of NGOs							
Variable	Treatment group			Comparison group			P-value (change in score between the 2 groups)
	Baseline score	End line score	Change in score	Baseline score	End line score	Change in score	
Total organizational capacity score	54.2	69.6	15.4	62.6	81.6	19.1	0.23
Mission and value	76.9	82.7	5.8	80.0	86.5	6.5	0.78
Leadership and governance	46.0	60.8	14.8	64.0	82.8	18.8	0.34
Strategic planning	54.1	69.9	15.8	56.0	82.6	26.6	0.14
Operational planning	50.0	62.6	12.6	53.7	86.9	33.2	0.009
Management of people	63.7	77.6	14.0	71.9	84.7	12.8	0.74
Linkages and communication	44.0	56.5	12.5	56.5	71.0	14.5	0.64
Logistics management	45.8	73.7	27.9	66.0	83.9	17.9	0.07
Quality management	61.1	79.1	18.0	67.2	83.5	16.3	0.78
Management of information	56.9	74.3	17.4	59.3	85.0	25.7	0.14
Financial management and budgeting	55.5	63.8	8.3	60.1	81.4	21.3	0.01
Financial security and fundraising	45.6	64.6	19.0	52.8	69.7	16.9	0.62

5.2.4 Impact of online capacity building resources on change in organizational capacity

To examine the association between change in organizational capacity and the intervention (online capacity building resources), we performed a multivariate analysis using multilevel linear modeling. We employed a 0.05 level of significance for testing association.

We found that there was no significant difference in capacity improvement between the treatment and comparison groups. After adjusting for the baseline scores, age of organizations, and the clustering of data at the states, the capacity improvement of NGOs that received the online capacity building resources (treatment group) was 8.7 percentage points less than those in the comparison group ($p=0.09$).

Table 18: Impact of Online Capacity Building Resources on Change in Organizational Capacity

Effect	Estimate (standard error)	P-value
Online capacity building (ref=No)	-8.68 (3.91)	0.09
Age of organization	-0.05 (0.10)	0.65
Budget	-0.000002 (0.000004)	0.60
Baseline OD score	-0.57 (0.07)	<0.0001

The result in Table 18 also showed that the baseline scores of the organizations are inversely associated with the improvement in the organizational capacity ($p<0.0001$). Organizations with a stronger organizational capacity at baseline have less improvement in organizational capacity compared to organizations with weaker organizational capacity at baseline. A one-point increase in the baseline organizational capacity score is associated with a 0.57 decrease in change in organizational capacity improvement.

The R-square of the model at the level of the NGOs is 0.34, indicating that 34% of the variability in change in organizational capacity at the NGO level was explained by online capacity building resources, NGO age, budget, and baseline organizational capacity.

In summary, our quantitative analysis showed that at baseline, young (age ≤ 10 years), and less resourced (annual budget $< \$25,000$) NGOs had weaker organizational capacity. At endline, there was significant improvement in organizational capacity score for NGOs in both the experiment group (15.4 percentage points increase ($p < 0.0001$)) and comparison group (19.1 percentage points increase ($p < 0.0001$)). However, multilevel regression analysis showed that there was no statistically significant difference in organizational capacity improvement between the two groups ($p = 0.09$). Improvement in organizational capacity was inversely associated with baseline organizational capacity ($p < 0.0001$). Organizations with a stronger organizational capacity at baseline have less improvement in organizational capacity compared to organizations with weaker organizational capacity at baseline.

5.3. Qualitative research results: processes that lead to organizational capacity improvement (Research Question 3)

In order to understand the processes that lead (or do not lead) to organizational capacity improvement, we interviewed 12 executive directors of organizations in the highest quartile of organizational change (> 23 percentage points improvement in organizational capacity) and 13 executive directors of organizations in the lowest quartile (< 8 percentage points improvement in organizational capacity). In this section, we present the results of the qualitative data analysis under five sub-headings: 1) the characteristics of interviewed organizations; 2) the reported effect of the capacity assessment and written recommendations on the NGOs; the actions of NGOs that are 3)

how NGO directors perceive the process of change; 4) actions of high performing NGOs particular to the Nigeria study; and 5) sub- analysis of NGOs with similar organizational capacity at baseline.

5.3.1. Characteristics of the NGOs interviewed

The age, number of staff and the budget of the organizations in the highest change quartile NGOs were similar to those in the lowest change quartile. However, at baseline, the organizations in the highest change quartile had significantly lower organizational capacity compared to the organizations in the lowest change quartile ($p < 0.0001$). This is consistent with our earlier finding that organizations with lowest organizational capacity at baseline are most likely to improve. Of the 25 NGOs, 14 are from the treatment arm (6 high changing and 8 low changing NGOs) and 11 are from the comparison arm (6 high changing and 5 low changing NGOs). The characteristics of the organizations we interviewed are shown in Table 19.

Table 19: Characteristics of Interviewed NGOs, N=25 NGOs, Nigeria

	Lowest change quartile NGOs (n=13)	High change quartile NGOs (n=12)	p-value
Variable	Mean (sd)	Mean (sd)	
AGE	12.92 (4.77)	10.33 (7.56)	0.31
Number of staff	12.25 (5.82)	10.50 (9.38)	0.59
Mean budget (2015)	75,647 (115,093)	36,092 (46,670)	0.29
Number of board members	6.92 (2.81)	6.67 (4.12)	0.85
Number of board meetings in the last 12 months	1.31 (1.18)	1.73 (1.85)	0.51
Baseline organizational capacity score	73.54 (10.60)	40.42 (16.53)	<0.0001
End-line organizational capacity score	77.62 (9.26)	73.92 (16.25)	0.49
Change in organizational capacity score	4.08 (4.86)	29.92 (6.93)	<0.001

5.3.2. Effect of capacity assessment and written recommendations on ability to

improve

All of the NGOs Directors in the treatment and comparison group reported that the capacity assessment and/or the written recommendations were helpful to them. They reported that the assessment helped them to see their gaps and areas of need while the recommendations provided them with useful action steps. Two of the executive directors had this to say about the assessment:

Supposing this assessment was not done, we would not have known our gaps... This assessment woke us up from our slumber and we corrected our mistakes.

First, you need to be aware of a problem before making the changes. So what helped us to make the changes is the assessment that was conducted. It helped us to understand that there is problem and we need to make a change.

The executive directors also reported that the recommendations they received in the feedback were helpful.

For me, this is the first time I am having an assessment that is coming back with such recommendations and action points that I should follow. So it was quite commendable and going forward we can do more.

We used the action points that you sent to us. We used the action points and recommendations of the first assessment as a guide and we involved other implementing partners who came to help us and other organizations also that had certain best practices that we have not been using before.

5.3.3. How NGO directors perceive the process of change

The actions that NGOs in our earlier study in Ethiopia took to improve their capacity served as guide for our coding scheme. These actions include: 1) peer networking; 2) team work and task sharing; and 3) involvement of different stakeholders. Table 20 shows the extent to which these actions were also taken by low

high and low performing NGOs took the actions we had earlier identified to bolster capacity improvement.

Table 20: The Number of NGOs That Took Actions Earlier Identified To Bolster NGO Capacity Improvement

	High Changing (n=12)	Low changing (n=13)
Peer networking	6 (50%)	2 (15%)
Task sharing (Assigned specific responsibilities to staff, formed committees)	9 (75%)	3 (23%)
Involvement of different stakeholders in discussing and deciding the way forward	12 (100%)	6 (46%)

- **Peer networking**

Peer networking, including sharing information and learning from peers, was more frequent among the high changing NGOs. Fifty percent of the high changing NGOs reported that they got organizational procedures and policy documents, learned specific skills from other NGOs, and modified the documents they got and what they learned to fit their organizations. A few of the low performing NGOs also networked with peers (15%), but we noticed that all the low performing NGOs that networked with peers started networking 4 to 5 months after the baseline assessment and did not have enough time to make enough changes in their NGOs before our second round of capacity assessment. One of the executive directors of the high performing NGOs said:

...there are some things that we needed that we didn't have and we had to seek assistance from other organizations to help us to build on our weaknesses. We networked with some of the organizations, where we went to get some things like store management documents...

Another executive director in the comparison arm said that they combined peer networking with online capacity building resources

We made inquiries from other organizations, and we also went to the net and searched and then developed some organizational documents and procedures and we started using some of them.

- **Task sharing within NGO**

Seventy five percent of the high changing NGOs reported that they assigned specific tasks to different people and formed committees to drive the change process in their organizations. The executive director of one of the high performing NGOs has this to say:

After the first organizational assessment, we called a meeting with our executive members, we sat down and then we looked at the gaps, and then we set up some committees and then we swung into action so as to improve on some of the existing gaps.

Another executive director of a high changing NGO pointed out the importance of dividing roles and responsibilities among the staff in achieving the change they had in their NGO.

After the management meeting, we called for a general staff meeting where we designated responsibilities to different staff on all the activities and areas that we had a gap so that we see how we are going to close in these gaps.

This was different from what we noticed in 77% of the low performing NGOs where either there was no mechanism in place for change, or only one person was involved in the change process or they relied more on external consultants and development partners to drive the change. The executive director of one of the low performing NGOs stated that:

Yes, I have an individual, he is like a mentor to me. He did one-on-one with all the staff. He talked with them, trying to know their challenges, why we are not making progress,

and he gave us a feedback. So we had an independent consultant that came to talk to us just to build synergy among staff to have an effective team.

- **Stakeholders' involvement in deciding the way forward**

All the high performing NGOs engaged several stakeholders—the management, staff and board—in reviewing the report of the assessment, and planning the way forward compared to about 50% in the low changing NGOs. The executive director of one of the high performing NGOs said:

When we were first assessed we had a management meeting with all the staff. We looked at our lapses and our gaps when we met... then I called some of the BOT (board of trustees) who are nearby (because the BOT members are spread across the country). Those that are close, we sat with them. We came out with what we are going to do to meet up with these lapses.

Another executive director also stated that the management, staff and board met together to review their performance in the assessment.

After the assessment, the management sat together with the board, and even the staff. We met together to review our performance because we were annoyed we did not do well during the first assessment.

This was contrary to what we observed in some of the low performing NGOs who either felt there was not much to change or restricted the change process to the management team or executive director. The executive director of one of the low performing NGOs stated that:

Right now it is my responsibility to make the changes because I have already been given the mandate to do it by the board.

5.3.4. Actions of high performing NGOs particular to the Nigeria study

In addition to the strategies and actions that we saw in high changing NGOs in Ethiopia, there were other differences we noticed between high and low changing NGOs

that were particular to the study in Nigeria. These actions are outlined in Table 21

below.

Table 21: Actions of High Changing NGOs Particular to Nigeria NGO Capacity Building Study

	High Changing	Low changing
Timing of change (Within 2 months of assessment)	83% (n=12)	23% (n=13)
Reviewed online resources as a team (treatment group NGOs)	67% (n=6)	0% (n=8)
Peer mentoring - getting staff with specific skills to train and mentor others	17% (n=12)	0% (n=13)

- **Timing of change**

Due to the fact that the reassessment was done after 6 months, the time that NGOs started the change process seemed to be an important factor that affected whether the organizations improved or not. Many of the low performing NGOs (77%) started the change process late (3–5 months after the assessment). This might explain part of the reason why they could not make much change after 6 months. The first assessment was done in June–July 2015 but some of the low performing NGOs started the change process in November and December 2015. Some of the reasons for starting the change process late include: change in the leadership of the NGO, financial challenges, waiting for the board of directors/trustees to approve the planned changes, executive director being indisposed, and competing priorities. One of the NGOs stated that:

Our executive director died during the stampede in Saudi in early September and that caused a lot of delay and minimal performance..., so it is only this January

that we were able to mobilize all of the BOT (board of trustee) members to appoint a new executive director for the organization.

- **Review of online resources as a team**

Sixty seven percent of the high changing NGOs in the treatment group reported reviewing the online capacity building materials as a team compared to zero percent of the low changing NGOs in the treatment group. However, 25% of the low performing NGOs in the treatment group reported that some of their staff reviewed the online capacity building materials individually. In the words of the executive director of one of the high changing organizations:

The accountant and program officer accessed the online material, produced hard copies of relevant materials and we all sat down and discussed it as a team.

While some of the treatment group NGOs did not give any reason for not using the online resources, some others said they experienced technical challenges (such as flash drive being corrupted by a virus) that inhibited their use of the online resources.

- **Peer mentoring**

Two of the NGOs reported using specialized staff to build up the skills of others in the areas where they were weak. The staff with the skills acted as internal consultants and mentors and taught others. For one of the NGOs, that was the practice in the NGO prior to the assessment, while for the other they used it after the assessment to deal with some of the gaps identified.

Another mechanism that we used to make the changes is skill transfer. Maybe we find out that only one person in the organization can develop a strategic plan. So we get him to train some other staff who join him to develop the strategic plan. So when he trains them, and they are able to do it together, the work is fast.

5.3.5. Sub- analysis of NGO's with similar organizational capacity at baseline

Our analysis of the interview data in Table 19 showed that the high changing NGOs had a significantly lower organizational capacity at baseline compared to the low changing NGO. This meant that we were comparing the actions taken by organizations that were significantly different at baseline. So we did a sub-group analysis to compare eight NGOs (4 among the high changing and 4 among the low changing NGOs) that were similar at baseline. The four NGOs had a baseline score between 50 and 65. We discovered that the actions the high and low NGOs took in this sub-group analysis were similar to those of the whole group.

In summary, similar to our findings in Ethiopia, our qualitative analysis showed that peer networking, task sharing and teamwork and involving different stakeholders in planning capacity building bolstered NGO capacity improvement in Nigeria. In addition, we found that starting the change process early (within 2 months), reviewing the online resources as a team and peer mentoring also bolstered NGO capacity improvement.

CHAPTER 6: DISCUSSION

Our study was the first to evaluate the impact of online capacity building resources on capacity improvement of NGOs in low- and middle-income countries, thus addressing an important gap in our knowledge of organizational capacity building of NGOs. In addition, it is the first randomized controlled trial evaluating the impact of organizational capacity building (both conventional and non-conventional capacity building) in low- and middle-income countries and the first study to assess the impact of capacity building before 12 months in low and middle income countries.

The primary objectives of our study were to: 1) assess the factors associated with organizational capacity of small and mid-sized OVC NGOs in Nigeria; 2) evaluate the effect of online capacity building resources on organizational capacity of small and mid-sized OVC NGOs in Nigeria after six months; and 3) examine the processes that lead (or do not lead) to organizational capacity improvement of OVC NGOs in Nigeria after six months. The major findings from our study and discussion of these findings are outlined below.

- **Factors associated with organizational capacity of small and mid-sized NGOs**

Our multivariate analyses of factors associated with organizational capacity showed that at baseline, older (age > 10 years), and more resourced (budget ≥ \$25,000) NGOs had stronger organizational capacity as measured by the MODE tool. We also found that NGOs with discretionary (unrestricted) funds had stronger capacity compared to those without discretionary funds. The fact that older organizations had

stronger organizational capacity is not surprising as capacity building is usually a long-term project and requires a lot of financial and human resources to accomplish [8,11,12]. It is logical that organizations that have been around for a longer time should have stronger capacity. In addition, most international donors prefer to work with more established large and mid-sized local NGOs thereby helping the more established NGOs to further improve their capacity [11]. Furthermore, the fact that NGOs with discretionary funds have greater capacity is in line with the view of Cohen (2002), who found that unrestricted funds are critical for organizational development and effectiveness [82]. With discretionary funds, organizations can work smoothly, strengthen their infrastructure, and plan strategically for long-term success [82].

- **Effect of online capacity building on capacity improvement of NGOs**

After the intervention, we discovered that there was significant improvement in organizational capacity score in both the treatment and comparison arms. However, there was no significant difference in the capacity improvement between the two arms of the study. While we thought that the provision of the online capacity resources to the organizations would quicken the capacity improvement of the NGOs in the treatment group by providing them extra resources to build their capacity, this turned out not to be so. One possible explanation is that the NGOs in both the treatment and comparison groups, who all had offices in urban or semi urban areas, made use of diverse capacity building resources, including other online resources not provided by our project. This appears to be the most likely explanation for the similarity in capacity improvement

between the treatment and comparison groups because both groups reported using the action steps in the written recommendations, including other online resources and peer networking. Although this study failed to show any difference in organizational capacity improvement between the treatment and comparison groups, it clearly showed that organizations improve when they are assessed and provided with written recommendations and actionable steps toward improvement, with or without providing them specific online resources.

- **Organizational capacity changes in specific domains**

Our results showed that NGOs improved the least in the Mission and Values domain. As the NGOs were already strong in the Mission and Values domain, this is not surprising. Conversely, the NGOs improved the most in areas where they were the lowest at baseline (Logistics Management for the treatment group and Operational Planning for the comparison group). However, Financial Security and Fundraising, and Linkages and Communication domains were among the weakest domains at baseline for both the treatment and comparison groups, but showed little improvement. One possible explanation for this is that capacity improvement in these domains requires organizations to spend money or employ new staff or assign further responsibility to staff already over- worked. The NGOs were not provided with the financial or human resources needed to invest in these areas.

The small improvement (<10 points) in the Financial Management and Budgeting domain among treatment group NGOs, may also be due to lack of inputs. Some of the

changes NGOs need to make in the Financial Management and Budgeting domain (such as acquiring a financial management software, hiring an accountant and auditing financial accounts), require financial resources which may not be available. However, the large improvement (>20 points) in the Financial Management and Budgeting domain among the comparison group occurred in some indicators that did not need financial inputs, such as budget preparation, budget reports and backing up financial data.

- **Factors associated with capacity improvement of small and mid-sized NGOs**

The baseline organizational capacity of NGOs was the most important factor associated with improvement in organizational capacity. Weaker organizations at baseline improved more than stronger ones. The possible explanation for this is that weaker organizations without established systems and structures have more room for growth compared to more established ones [25]. This is in agreement with an earlier nationwide study in the United States that showed that small and new organizations with weaker organizational structures reported greater increase in formalization of internal structures and systems after receiving capacity building grants, training workshops and technical assistance, when compared to larger, older and more established organizations [25].

- **Processes and factors that lead to capacity improvement of small and mid-sized NGOs**

Similar to our findings in Ethiopia, we discovered that certain action steps taken by NGOs, including peer networking, task sharing and team work and involving different

stakeholders in capacity building planning bolstered NGO capacity improvement in Nigeria. In addition, we noted that starting the change process early (within 2 months), reviewing the online resources as a team (treatment NGOs) and peer mentoring also bolstered NGO capacity improvement. It is worth noting that it was not just a single action step, but a combination of several of these action steps that led to the capacity improvement in these NGOs.

Peer networking was one of the steps that half of the high performing NGOs took. The organizations learned from their peers and modified the things they learned to suit their own organizations. Peer networking has been previously reported as one of the three components of high impact capacity building [83]. Networking leads to sharing skills and new ideas, sharing trainings, and connecting with like-minded groups [84]. NGOs in both Southern and Northern Nigeria were involved in peer networking, which could have been facilitated by their membership in the same association.

In addition, 75% of the high change organizations and 23% of the low change NGOs had specific goals they set out to accomplish, and had specific people and committees that were assigned specific tasks in order to accomplish these goals. This is in agreement with earlier studies that showed that people and organizations improve their performance when they set specific goals to do so [81, 85]. Setting goals provides focus for the staff and increases the motivation to work harder. The NGOs also reported that the written recommendations helped them know their gaps and what they needed to focus on.

Furthermore, all the high change NGOs and 46% of the low change NGOs involved various stakeholders such as the management, staff, and board members in designing and implementing strategies for improving organizational capacity. Although staff would have carried out any assigned tasks, participation of staff in the process of deciding the goals and strategies is associated with setting of higher goals than would be the case without their participation [86]. Furthermore, when people participate in setting goals and deciding the strategies to accomplish them, they are more committed to the success of the goals compared to when the goal was just assigned to them [87]. In addition, when the staff participate, there are possibilities of getting very good ideas from them on how to improve performance of the organization [87].

Starting the change process early (within 2 months) bolstered capacity improvement in NGOs. NGOs had a short time to make changes (6 months) and so it is logical that the NGOs that started the change process early will make more changes compared to NGOs that started the process late.

The high change NGOs (treatment group) reviewed the online resources as a team. Reviewing the online resources as a team might be an indication of the teamwork culture that already exists in the high performing NGOs. Reviewing resources as a team ensures that individual knowledge gained from the resources is synergistically combined and magnified to yield superior knowledge and performance outcomes [88].

Peer mentoring as a strategy to build organizational capacity was observed in two high change NGOs. Peer mentoring entails a more experienced worker teaching

new knowledge or skills to a less experienced worker at the same or similar level in an NGO. Peer mentoring has been identified as an important way of sharing job-related and technical information that is critical for successful individual and team performance [89, 90].

- **Limitation of the study**

The main limitation of this study is that all the NGOs involved in our study reside in urban or semi-urban areas, thus the findings in this study will not be generalizable to NGOs residing in rural areas. It is important to note this main limitation as we interpret and apply findings.

- **Conclusion**

Our study, which is the first to evaluate the impact of online capacity building resources in low and middle income countries, has shown that capacity assessment and provision of written action steps to NGOs (with or without online capacity building resources) to guide them in making system changes is a way of helping small and mid-sized OVC NGOs in Nigeria improve their capacity. This intervention was most effective among young and less resourced NGOs with weak organizational capacity at baseline. However, providing these small urban NGOs access to the Boston University Center for Global Health and Development capacity building website (both online and offline versions), after capacity assessment and provision of written actionable steps, did not lead to any incremental improvement in NGO organizational capacity.

Furthermore, our qualitative analysis showed that peer networking, task sharing

and teamwork and involving different stakeholders in planning capacity building bolstered NGO capacity improvement in Nigeria. In addition, we found that starting the change process early (within 2 months), reviewing the online resources as a team and peer mentoring also bolstered NGO capacity improvement.

The findings from this study fill important knowledge gaps in NGO capacity building and have great implications for NGOs in low- and middle-income countries. Specifically, the study showed that using non-conventional capacity building methods (written and online resources) is an effective way of helping resource constrained small and mid-sized NGOs build their capacity. The findings from this study also have practical implications for international NGOs (INGOs) that support capacity building of local NGOs, donors and funders of capacity building, organizational development practitioners and future researchers. These practical implications are outlined in chapter 7.

CHAPTER 7. USING THE RESULTS IN PRACTICE

The findings from this study have implications for small and mid-sized NGOs in low and middle income countries, international NGOs (INGOs) that support the capacity building of local NGOs, donors and funders of capacity building and organizational development practitioners and researchers.

- **Small and mid-sized NGOs**

This study provides lessons for small and mid-sized NGOs on the action steps that may lead to organizational capacity improvement. One such lesson is that peer networking may help resource-constrained small and mid-sized organizations to improve their capacity. However, as we saw in the study, peer networking will work when it is focused on specific areas of need. So the first step will be for the organizations to either have an internal or external capacity assessment to know their areas of deficiency and then seek help from peers in those specific areas where they are weak.

Furthermore, involving different stakeholders in setting goals and strategies for moving the organization forward appears to be effective in building organizational capacity in small and mid-sized organizations. In addition, task sharing and teamwork appears to help organizations to function more effectively. NGOs that planned and delegated specific responsibilities to different individuals or committees appeared to improve more than those that did not.

- **International NGOs and Development partners**

Allowing small and mid-sized local NGOs to take ownership of their capacity building is an effective way of building capacity. This study has shown that providing small and mid-sized NGOs with capacity assessment and actionable steps and allowing them to plan the capacity improvement process, including deciding on the external resources or consultants they need, and when they need them, is effective in improving the capacities of these organizations (demand driven approach to capacity development). This is unlike the supply-driven approach to capacity development currently used by some donors, where the international NGOs or their consultants drive the capacity building process [59, 60].

- **Donors and funders of capacity building**

For donors who fund NGO capacity building, our study has shown that the best return on investment is in funding capacity building of small and young organizations, with weak organizational structures. These organizations are more enthusiastic to improve, more open to change and more likely to quickly change and improve their systems based on the capacity building interventions they receive.

Second, donors can make a great impact on the capacity of several small local NGOs within a short period of time, by funding capacity assessment, promoting peer networking among the local NGOs, and providing the organizations with small, unrestricted funds to drive their change. While we did not provide unrestricted funds to the NGOs, we saw that the availability of unrestricted funds was associated with

stronger organizational capacity.

- **Researchers**

All the published studies we reviewed on organizational development of NGOs were carried out in high-income countries. There is need for organizational development researchers to focus on NGOs in low- and middle-income countries. Future researchers might explore whether adding a capacity building grant to written recommendations and online resources will have an additional catalytic effect on NGO capacity improvement. In addition, there is need for a cost and cost effectiveness study of the non-conventional capacity building methods. Other recommendations for future studies include: 1) reassessing the NGOs after 2 years to check if the changes seen in NGOs after 6 months are sustained over time; 2) adding incentives or reminders (e.g. monthly emails or phone calls) to help NGOs initiate and sustain the capacity building process; and 3) assessing how to cost-effectively help larger, more established NGOs (most of who did not improve much with the written and online capacity building resources), build their capacity

- **Recommendations for MODE tool and written recommendation modification.**

The MODE tool, if produced in an online self-assessment format, would enhance the ability of organizations to use the tool, assess themselves, and reduce the costs of the process. In line with this, the written recommendations to NGOs should be automated, so that NGOs will receive their scores and a set of recommendations immediately after the self-assessment.

- **Conclusion**

To the best of our knowledge, this is the first study to assess the effectiveness of online capacity building resources on short-term organizational capacity improvement within small and mid-sized NGOs in low- and middle-income countries. It is also the first randomized controlled trial evaluating capacity building (both conventional and non-conventional capacity building) in low- and middle-income countries, the first study on capacity improvement before 12 months in low and middle income countries and the first study to independently verify capacity improvement claims of NGOs following capacity building in low and middle income countries.

Our main finding is that capacity assessment and written capacity-building recommendations (with or without online resources) is an effective non-conventional way of helping resource constrained small and mid-sized NGOs in low and middle income countries build their capacity. However, the improvement in organizational capacity was most pronounced among young and less resourced NGOs with weak organizational capacity at baseline. In addition, we found that peer networking, engagement of stakeholders, internal task sharing and team work and peer mentoring bolstered capacity improvement.

The implication of the findings of this study for resource constrained small and mid-sized NGOs in low and middle income countries is that they could effectively build their capacity through capacity assessment and written recommendations (with or without online capacity building resources), combined with peer networking,

engagement of stakeholders, internal task sharing and team work and peer mentoring.

For international NGOs and development partners, the implication of this study is that using a demand driven capacity building method is an effective way of helping small and mid-sized NGOs in low and middle income countries build their capacity. For donors and funders of capacity building, investing in NGOs with weak organizational capacity at baseline will yield the best return on investment. Finally for researchers, this study provides several opportunities for further research. Some of the areas for future research include: 1) evaluating the effect of incentives or reminders (e.g. monthly emails or phone calls) in helping NGOs initiate and sustain a self-directed` capacity building process; and 2) cost and cost effectiveness study of non-conventional capacity building methods.

APPENDICES

APPENDIX 1

Sample size calculation

The effective sample size (ESS) for a cluster study is derived by dividing the sample size in the study by the design effect or variance inflation factor (VIF) [71]

$$ESS = N / VIF$$

Where N = the required sample size per arm using a trial with individual randomization to detect a difference ($\mu_1 - \mu_2$).

The formula for calculating VIF when the clusters are of equal size is $[1 + (m - 1)\rho]$ where m is the size of the cluster and ρ is the Intra-Cluster Correlation (ICC) coefficient.

The intra cluster correlation which compares the within-group variance with the between-group variance was calculated from our study data. For this study, the design effect or variance inflation factor (VIF) is 1.34 (m=18 and $\rho = 0.02$).

Thus the effective sample size for each arm of our study is $36/1.34 = 26.87$. Using the effective sample size, we calculated the power for the study below

Box 1 Simplest formula for a continuous outcome and equal sample sizes in both groups, assuming: alpha = 0.05

n = the sample size in each of the groups

μ_1 = population mean in treatment Group 1

μ_2 = population mean in treatment Group 2

$\mu_1 - \mu_2$ = the difference the investigator wishes to detect

σ^2 = population variance (SD)

α = conventional multiplier for alpha = 0.05

$$n = \frac{2[(a+b)^2\sigma^2]}{(\mu_1 - \mu_2)^2}$$

b = multiplier for power

With the significance level alpha of 0.05, the value 1.96 was used for a in the formula.

Standard deviation = 8 (based on the standard deviation of the mean difference in capacity improvement between high and low performing NGOs in Ethiopia [17])

The difference the investigator wishes to detect = 6 (half of the mean difference between the high and low performing NGOs in Ethiopia [17])

Solving for b in the formula

$$26.87 = 2 * [(1.96 + b)^2 * 8^2] / 6^2$$

$$b = 0.789$$

Using the norm.s.dist formula in excel (=NORM.S.DIST(0.789,TRUE)), the calculated b is equivalent to a 78% power.

APPENDIX 2: Research questions, sources of data and methods of data collection

	Research question	Measures	Source of data	Method of data collection
1	What factors are associated with organizational capacity of small and mid-sized OVC NGOs in Nigeria as measured by MODE tool?	- Age - Budget - Number of staff - Discretionary fund	- Management - Staff	Interview and document review; Staff survey; Observation
2	Does the provision of on-line capacity building resources lead to improvements in key domains of organizational capacity among small and mid-size NGO's serving OVC's in Nigeria?	- Change in capacity score	- Management - Staff	Interview and document review; Staff survey; Observation
3	What processes lead to organizational capacity improvement of OVC NGOs in Nigeria?		Executive directors of NGOs	Key informant interview

Appendix 3: Interview Guide

SUPPLEMENTAL ORGANIZATIONAL DEVELOPMENT QUESTIONNAIRE

Specific Questions to be addressed:

1. What factors affect an organization's organizational development score between rounds of MODE assessment?
 - a. What leads to improvement?
 - b. What leads to worsening?
2. What factors influence organizational capacity improvement after access to online capacity building resources?

Type of study:

Qualitative – Key informant interview (supplement to the organizational profile)

Time: 30 minutes maximum

Procedure:

- Interview, with notes and recording
- Transcribe interview
- Enter into Nvivo for analysis

Areas of questioning:

1. How did you prepare for the first round of assessment?
 - Was there any difference in your preparation for the first and second rounds of assessment?
2. What did you do following the first assessment
 - Nothing?
 - Internal meetings
 - Designating an individual to follow through
 - Contacting other organizations/Donors/etc
 - Involve the board or general assembly
3. What factors in your organization do you think affected your ability to respond
 - Positive factors
 - Constraints
 - How were you able to address constraints

4. Did you learn anything new from the assessment?
 - If yes, what do you feel you learned from the assessment?
5. Have there been any changes in your organization following the assessment?
 - If yes, what were the changes?
 - Can you remember the particular month each of the changes started?
 - What do you feel led to the changes?
 - Who was involved in making the changes?
 - Did you receive capacity building assistance from any other persons or organizations after the assessment?
6. Did you access the online resources on the flash?
 - If yes, what made it possible?
 - If no, why not?
 - Who in your organization was involved in accessing the online resources?
 - How did you access the materials – was it individually or as a team?
 - What do you think will make it easier to use the online resources?
 - Did you discuss or share the resources with people in other organizations?

Appendix 4: MODE Assessment Tool

INTERVIEW AND DOCUMENT REVIEW

Organizational Development Assessment The Center for Global Health and Development (CGHD), Boston University

Introduction

Thank you for agreeing to participate in this interview. Boston University is administering an organizational evaluation tool to quantify the level of organizational development for local NGOs in Nigeria. This will allow us to understand each organization's stage of development, identify strengths and highlight areas where further work is needed in order to ensure sustainability and improve the services provided to highly vulnerable children.

We would like to talk to you because of your role managing this NGO. The information collected from you and your colleagues will be aggregated into a report which will allow the strengths of the NGO as well as areas which need strengthening to be identified.

The interview will be about the systems and structures in the organization, like the mission, logistics management and human resource management etc. To carry out the assessment I will need to see some of the documents we will discuss and will also need to speak to the finance manager and data manager, and look at the storage room.

You can elect not to take part in this interview. If you do participate, no personal or confidential information will be solicited either about you, about other staff or about the beneficiaries of the organization. This interview will only be seen by Boston University researchers and no one from your organization or any other organizations will be able to access the content in the form it was collected; all information from this interview will be combined with the other data sources for this assessment and presented at the level of the organization, not at the individual level.

This interview will be focused on this office. The organization may have other offices, but we are interested in the systems and structures in this particular office.

Instructions to Data Collectors

- Please begin by checking the Organizational Profile. Please make any changes with the interviewee and attach the updated Organizational Profile to this tool

- Please read out the introduction before beginning the interview
- Please complete Table 1 (Preliminary Information) before the interview begins
- Please read out the sections in **Bold** and the Questions before scoring each indicator using the scoring criteria provided. Please ensure you see a copy of the document requested (where relevant) before scoring. If a copy is not available, do not give a full score and use the instructions in the tool to score
- If you are unsure about how to score a specific question, please score provisionally and note down your questions, or concerns in the comments section at the end of the form, clearly indicating the question number. Consult your supervisor as soon as possible.
- Please go through the form after the interview is completed and ensure each section is complete

1. Mission and Values

First I would like to ask you about the organization's mission and values.

Look at the Organizational Profile (Q2.1 and 2.2).

QUESTION: Do the mission and values listed in the organizational profile match the mission and values shown in the office?

Based on the information in the profile, score 1.1 and 1.2

1.1	Organization has a written mission statement 1 = No 3 = Yes	Q1.1
1.2	Organization has a written set of values 1 = No 3 = Yes	Q1.2

If Yes, continue to 1.3

If No, skip to Section 2

	Look at mission statement and score	Score
1.3	Mission statement defines services or activities of the organization 1 = No 3 = Yes	Q1.3
1.4	Mission statement defines populations served by the organization 1 = No 3 = Yes	Q1.4

QUESTION: Could you show me a document that includes the organization's mission?

- Accept a presentation, document, brochure, website, proposal (external document)

1.5	The organization has a document that includes the organization's mission 1 = No 3 = Yes	Q1.5
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QUESTION: Could you show me where the mission is displayed in the organization?

- Do not accept the mission being displayed if it is only displayed in the Directors room

1.6	The mission statement is displayed where staff or beneficiaries (if beneficiaries are served in the facility) gather 1 = Not displayed 2 = Displayed in English only 3 = Displayed in local language (with or without English)	Q1.6
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[End of Section]

Section 1: MISSION AND VALUES	Check if complete	
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2. Leadership and Governance

The next set of questions is about the organization's leadership and governance structures, including the Board of Directors.

QUESTION: Could you show me all* required legal documents

- Accept license/certificate by government, agreement document with the ministry of Economic Development, organization's bylaws
- * Before using the MODE survey in [COUNTRY] you must research and identify the required legal documents for the organization to function in [COUNTRY]

2.1	All required legal documents can be presented immediately on enquiry 1 = No 3 = Yes	Q2.1
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Look at Section 4 of the Organizational Profile

QUESTION: Does the organization have a Board of Directors? Could you show me the written bylaws for the Board of Directors?

- Accept written laws, regulations, or rules that exist for the Board
- Accept a section in the organization bylaws

2.2	Written bylaws exist for the Board 1 = No 3 = Yes	Q2.6
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If Yes, continue to 2.3

If No, skip to 2.6

	Score based on Organizational Profile	Score
2.3	Number of Board meetings in the last 12 months 1 = Board has not met during the last 12 months 2 = Board has met 1 or 2 times in last 12 months 3 = Board has met 3 times or more in the last 12 months	Q2.7

If 2 or 3, continue to 2.5

If 1, skip to 2.7

QUESTION: Could I see the agendas and minutes for all the meetings of the Board of Directors you listed in the Organizational Profile? When were the agendas circulated? How were they circulated?

- Check dates of all the agendas and minutes presented to make sure they dated within the last 12 months

	Look at agendas and minutes and score	Score
2.4	Number of meetings in the last 12 months for which an agenda was circulated in advance 1 = No agenda was circulated in advance for meetings in the last 12 months 2 = Agenda was not circulated in advance for every single meeting in the last 12 months 3 = Agenda was circulated in advance for every single meeting in the last 12 months	Q2.8
2.5	Number of meetings in the last 12 months for which minutes were prepared and circulated <ul style="list-style-type: none"> • Accept approval of minutes at following meetings 1 = Minutes were not prepared 2 = Minutes were not circulated for every single meeting in the last 12 months 3 = Minutes were circulated for every single meeting in the last 12 months	Q2.9

QUESTION: Is there a dissemination policy to communicate proceedings of the General Assembly and Board of Directors to non-members? Could you show this to me?

2.6	Is there a policy in place to communicate proceedings of the Board of Directors to non-members? 1 = No policy exists 2 = Policy or practice reported but not documented 3 = Yes a written policy exists	Q2.10
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QUESTION: Have General Assembly and Board of Director members signed a conflict of interest form? How many members have signed these? Could you show me the documentation?

2.7	Percentage of Board of Director members who have signed a conflict of interest form 1 = 0% of BOD members have signed a conflict of interest form 2 = 1 – 99% of BOD members have signed a conflict of interest form 3 = 100% of BOD members have signed a conflict of interest form	Q2.11
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QUESTION: Could you show me in the Board minutes when the following were approved?

- The annual operational budget
- The previous year's annual report
- The existing annual operational plan

	Look at agendas and minutes of last 12 months and score	Score
2.8	Board has approved/reviewed the existing budget in the last 12 months 1 = No 3 = Yes	Q2.12
2.9	Board has approved/reviewed the previous year's annual report in the last 12 months 1 = No 3 = Yes	Q2.13
2.10	Board has approved/reviewed the existing operational plan in the last 12 months 1 = No 3 = Yes	Q2.14

QUESTION: Does the organization have a succession plan? Could I see it?
If a written succession plan does not exist, has succession planning been discussed?
What was discussed?

- Do not accept the appointment of a deputy (if only appointed, if specified in written policy that appointed deputy takes over for Executive Director if incapacitated it is acceptable)
- Score 2 if respondent can describe the discussion that has taken place about the plan

2.11	The organization has a succession plan 1 = No succession plan 2 = Succession planning has been discussed but no written succession plan exists 3 = Yes, written succession plan exists	Q2.15
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QUESTION: Do the bylaws of the organization or BoD have provisions for appointing an interim leader? Could you show these to me?

2.12	The bylaws have provisions for appointing an interim leader 1 = No 3 = Yes	Q2.16
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[End of Section]

Section 2: LEADERSHIP AND GOVERNANCE	Check if complete	
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3. Strategic Planning

I would now like to ask you about strategic planning.

QUESTION: Has the organization conducted a SWOT analysis (or similar) in the last five years? Could you show it to me?

- Accept a document which outlines the organization's strengths and weaknesses, opportunities for the organization to grow and develop, and threats to growth and/or sustainability
- Accept a section in the Strategic Plan
- Do not accept an external report on the organization or a work climate assessment

3.1	The organization has conducted a SWOT (or similar) analysis in the last five years 1 = The organization has not conducted a SWOT analysis 2 = A SWOT or similar analysis was conducted but neither findings nor outcomes were recorded 3 = A SWOT or similar analysis was conducted and findings and outcomes have been recorded	Q3.1
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QUESTION: Do you have a document that articulates the organization's strategic priorities? Could I see the document?

- Accept strategic plan, or any other document that outlines organizational strategies
- Do not accept documents which outline strategies for completing projects

3.2	The organization has documented strategic priorities 1 = No 3 = Yes	Q3.2
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QUESTION: Could I see your strategic plan? When was it developed? When will it end?

3.3	The organization has a strategic plan that is in date 1 = No 3 = Yes	Q3.3
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If Yes, continue to 3.4

If No, skip to 3.10

QUESTION: In this strategic plan, could you show me:

- The goals
- Objectives
- Time lines
- A reference to the mission of the organization
- The milestones to be achieved

	Look at the strategic plan and score	Score
3.4	Strategic plan explicitly references the organizational mission 1 = No 3 = Yes	Q3.4
3.5	Strategic plan sets specific goals 1 = No 3 = Yes	Q3.5
3.6	Strategic plan has specific objectives for <u>every</u> goal 1 = No 3 = Yes	Q3.6
3.7	<u>Every</u> objective in the strategic plan is time-bound 1 = No 3 = Yes	Q3.7
3.8	Strategic plan includes milestones to monitor progress on <u>every</u> objective 1 = No 3 = Yes	Q3.8

QUESTION: When the strategic plan was developed, did the organization consult external stakeholders? Could you show me the documentation of the consultation or feedback provided.

- Accept minutes of a meeting, written feedback, workshop report, section in Strategic Plan

3.9	The strategic plan was developed after consultation with external stakeholders 1 = No consultation with external stakeholders 2 = Yes, consultation with external stakeholders reported but not documented 3 = Yes, consultation with external stakeholders documented	Q3.9
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QUESTION: If the strategic plan was not developed in the last 12 months, has the organization ever conducted a review of the strategic plan? Could you show me some documentation?

- Accept report from a strategic review, notes or minutes from a meeting
- Do not accept an external report or evaluation
- Do not accept if respondent says plan was 'discussed'

3.10	The organization has conducted a review of the strategic plan in the last year 1 = No review has been conducted of the strategic plan 2 = Yes, an informal review of the strategic plan has been conducted but not documented 3 = Yes, A review of the strategic plan has been documented 8 = NA, the strategic plan was developed in the last 12 months	Q3.10
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QUESTION: Could you show me an external document that includes the organization's strategies?

- Accept a brochure, presentation, report, funding proposal
- Do not accept the strategic plan
- The strategies in this document must be consistent with those in the strategic plan

3.11	At least one document exists which includes the organization's current strategies 1 = No 3 = Yes	Q3.11
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[End of Section]

Section 3: STRATEGIC PLANNING	Check if complete	
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4. Operational Planning

We have already talked about strategic planning. I would now like to ask you about operational planning and project planning.

QUESTION: Has the organization developed an annual plan for the organization in the last 12 months? Could you show me the plan?

- Select one of the projects and check if activities for this project are included
- Do not accept project-specific plans
- Accept operational agreement submitted to the government

4.1	An annual plan for the organization has been developed in the last 12 months 1 = No 3 = Yes	Q4.1
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If Yes, continue to 4.2

If No, skip to 4.9

QUESTION: In the annual plan, could you show me the following:

- Objectives
- Activities for each objective
- Timelines for each activity
- Persons responsible for completing activities
- Resources needed for completing activities
- M&E plan (Monitoring and Evaluation Plan)

	Look at the annual plan and score	Score
4.2	Plan has objectives/outcomes 1 = No 3 = Yes	Q4.2
4.3	For each objective/outcome, plan has activities 1 = No 3 = Yes	Q4.3
4.4	Percentage of activities which have timelines <i>If you find one activity without a timeline score 1</i> 1 = 0% of activities have timelines 2 = 1–99% of activities have timelines 3 = 100% of activities	Q4.4
4.5	Percentage of activities that identify individuals responsible <i>If you find one activity without an individual responsible score 1</i>	Q4.5

	1 = 0% of activities have individuals responsible 2 = 1–99% of activities have individuals responsible 3 = 100% of activities individuals responsible	
4.6	Percentage of activities which outline resources needed <i>If you find one activity without an resources outlined score 1</i> 1 = 0% of activities outline resources needed 2 = 1–99% of activities outline resources needed 3 = 100% of activities outline resources needed	Q4.6
4.7	Plan includes monitoring and evaluation plan with indicators to monitor progress 1 = No 3 = Yes	Q4.7

If Yes, continue to 4.8

If No, skip to 4.9

4.8	Percentage of indicators that have defined numerators and denominators <i>If one indicator does not have a defined numerator and denominator, score 1</i> 1 = 0% of indicators have numerators and denominators defined 2 = 1–99% of indicators have numerators and denominators defined 3 = 100% of indicators have numerators and denominators defined	Q4.8
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Look at the Organizational Profile (Q5.1)

QUESTION: Has the organization developed a project plan for all projects in the last 12 months? Could you show me all the plans?

Total number of projects (cross check with Organizational Profile Q5.1) _____

Projects with plans _____

4.9	Percentage of projects that have project plans, developed within the last 12 months <i>If one project does not have a plan, score 1</i> 1 = No projects have plans 2 = 1–99% of projects have plans 3 = 100% of projects have plans	Q4.9
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If 1 or 2, continue to 4.10

If 0, skip to Section 4.17

QUESTION: Which of these plans were developed more than three months ago?

Randomly select one of these project plans and score

QUESTION: In this project plan, could you show me the following:

- Objectives
- Activities for each objective
- Timelines for each activity
- Persons responsible for completing activities
- Resources needed for completing activities
- M&E plan (Monitoring and Evaluation Plan)

	Project Plan	Score
4.10	Plan has objectives 1 = No 3 = Yes	Q4.10
4.11	For each objective, plan has activities 1 = No 3 = Yes	Q4.11
4.12	Percentage of activities which have timelines <i>If you find one activity without a timeline score 2</i> 1 = 0% of activities have timelines 2 = 1–99% of activities have timelines 3 = 100% of activities	Q4.12
4.13	Percentage of activities that identify individuals responsible <i>If you find one activity without an individual responsible score 1</i> 1 = 0% of activities have individuals responsible 2 = 1–99% of activities have individuals responsible 3 = 100% of activities individuals responsible	Q4.13
4.14	Percentage of activities which outline resources needed 1 = 0% of activities outline resources needed 2 = 1–99% of activities outline resources needed 3 = 100% of activities outline resources needed	Q4.14
4.15	Plan includes monitoring and evaluation plan with indicators to monitor progress 1 = No 3 = Yes	Q4.15

If Yes, continue to 4.16

If No, skip to Section 4.17

4.16	Percentage of indicators that have defined numerators and denominators <i>If one indicator does not have a defined numerator and denominator, score 1</i> 1 = 0% of indicators have numerators and denominators defined 2 = 1–99% of indicators have numerators and denominators defined 3 = 100% of indicators have numerators and denominators defined	Q4.16
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QUESTION: For the plans we have discussed, could you show me the monthly or quarterly reports on progress against the plan?

- Accept progress reports to donors, gap analysis, meeting minutes or documents which show the comparison between expected and actual performance
- Do not accept M&E plans

QUESTION: Could you show me in these documents where the actual performance is documented in comparison to the expected performance based on the indicators in the plan?

4.17	Gaps between expected and actual performance are documented for all plans 1 = No, gap analysis is not presented for <u>all</u> plans discussed (e.g. if the organization has an annual plan and project plan, but only a gap analysis for one of these plans) 3 = Yes, gap analysis is presented for all plans discussed	Q4.17
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If Yes, continue to 4.18

If No, skip to Section 5

QUESTION: Do the gap analyses you showed me reveal any gaps between actual and expected performance?

If No, score 4.18 as 1

QUESTION: Could you show me any documentation on whether these plans have been updated or revised in the last four months?

4.18	Plans have been revised based on a gap analysis in the last four months 1 = No, plans have not been updated, even though gaps exist 3 = Yes, plans are on track or revisions to all plans have been documented	Q4.15
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[End of Section]

Section 4: OPERATIONAL PLANNING	Check if complete	
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5. Management of People

I would now like to ask you some questions about human resource management.

QUESTION: Does the organization have written policies for human resources?

- Accept human resource manual, standard operating procedures
- Do not accept examples of policies in employee contracts

5.1	A set of written human resource policies exist 1 = No 3 = Yes	Q5.1
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QUESTION: Does the organization have an ethical code of conduct? Could you show this to me?

- Accept a section in the human resource manual or a stand-alone document

5.2	An ethical code of practice exists 1 = No 3 = Yes	Q5.2
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QUESTION: Could you show me your gender, disability and child protection policies?

- Accept a section in the human resource manual or a stand-alone document
- Do not accept single, general non-discrimination statement or sentence
- Do not accept policies relating to beneficiaries, only employment

5.3	HR policies refer to child labor 1 = No 3 = Yes	Q5.3
5.4	HR policies refer to disability 1 = No 3 = Yes	Q5.4
5.5	HR policies refer to gender 1 = No 3 = Yes	Q5.5

QUESTION: Has a gender audit been conducted in the last two years? Could you show me the documentation?

5.6	A gender audit has been conducted in the last 2 years 1 = No gender audit has been conducted in the last 2 years 2 = A gender audit is reported but there is no documentation 3 = A gender audit has been conducted and documented	Q.5.6
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QUESTION: Does the organization have information on each member of staff or specific staff files? I do not need to look at any information inside a file, but could you show me where these files are stored?

5.7	Organization has staff specific files 1 = No 3 = Yes	Q5.7
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	OBSERVATION – Storage of HR information	Score
5.8	HR information on staff is stored in a locked cabinet or drawer 1 = No 3 = Yes	Q5.8

QUESTION: Does the organization have an appraisal/performance evaluation template for the performance and planning review? Could you show me the template?

5.9	Organization has an appraisal/performance evaluation template for the performance and planning review 1 = No template 2 = Template only references personal attributes and/or service delivery targets 3 = Template has technical and staff development performance indicators	Q5.9
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QUESTION: Does the organization have a complaints policy or a documented system to raise complaints? Could you show me?

- Accept a section in the human resource manual or a stand-alone document

5.10	A documented system to raise complaints exists 1 = No 3 = Yes	Q5.10
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If Yes, continue to 5.11

If No, skip to 5.12

QUESTION: Could you show me where this policy is posted for staff to see?

	Complaints policy	
5.11	Complaints policy is posted in a common space in the organization 1 = No 3 = Yes	Q5.11

QUESTION: Does the organization have a conflict resolution policy? Could you show this to me?

- Accept a section within the complaints policy

5.12	A written conflict resolution policy exists 1 = No 3 = Yes	Q5.12
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QUESTION: In the last 2 years, has a work climate assessment been conducted? Could you show me?

- Accept an assessment completed internally or by an external organization

5.13	A work climate assessment been conducted in the last 2 years 1 = No work climate assessment conducted 2 = Work climate assessment reported but not documented 3 = Work climate assessment documented	Q5.13
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QUESTION: Could I see your organizational chart?

- Check for levels, departments, etc. indicating the structure of the organization

5.14	An organizational chart showing the structure of the organization exists 1 = No 3 = Yes	Q5.14
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If Yes, continue to 2.2

If No, skip to Section 3

QUESTION: If I walk around the office, will I find the people on this chart currently working for the organization?

5.15	The organizational chart is up to date 1 = No 3 = Yes	Q5.15
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QUESTION: Could you show me the reporting lines between positions on the chart? Could you show me the leader, deputy and all the members of the management team?

- Check to see if the chart has lines connecting people based on reporting
- Check to see if the leader, deputy and members of the management team are on the chart

	Look at organizational chart and score	
5.16	Organizational chart indicates reporting lines between positions 1 = No 3 = Yes	Q5.16

[End of Section]

Section 5: MANAGEMENT OF PEOPLE	Check if complete	
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6. Linkages, Communication, and Networking

The next section is about linkages and networking with other groups and organizations, and with beneficiaries.

QUESTION: Does the organization have an external communications strategy? Could you show me?

- Accept a strategy developed by the head office of the organization

6.1	An external communications strategy exists 1 = No strategy 2 = Strategy reported but not documented 3 = Written strategy exists	Q6.1
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QUESTION: Is there an individual or team in the organization responsible for external communications? Could you show me a job description?

- Accept section or line in a job description

6.2	An individual or team in the organization is responsible for external communications 1 = No person or team is responsible 2 = Yes, but it is not documented 3 = Yes, and it is documented in the job description	Q6.2
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QUESTION: In the last 12 months, has there been a meeting to discuss external communications?

Could I see the documentation of one of these meetings?

- Accept meeting minutes, memos, emails, or reports regarding a meeting
- Do not accept agendas for meetings

6.3	The organization or a team met at least once in the last 12 months to discuss external communications? 1 = No meetings were held during the year 2 = Meetings reported but not documented 3 = Leadership team reports that meetings take place and minutes are presented	Q6.3
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QUESTION: Does the organization have a written or electronic contact list of groups and/or partner organizations? Could you show me this list?

- Accept a list that identifies specific name and contact details of individuals within other organizations
- Accept external list or directory by check date – has to be printed/updated in the last 12 months
- Do not accept an individual's e-mail or contact list. It must be institutional list

6.4	A written contact list of groups and partner organizations exists 1 = No 3 = Yes	Q6.4
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QUESTION: Is there a designated individual or team responsible for linking the organization with beneficiaries/conducting beneficiary outreach? Could you show me a job description?

- Accept section or line in a job description

6.5	An individual or team in the organization is responsible for linkages with beneficiaries 1 = No person or team is responsible 2 = Yes, but it is not documented 3 = Yes, and it is documented in the job description	Q6.5
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QUESTION: Has the office held a general staff meeting in the last six months? Could you show me some documentation?

6.6	At least one general staff meeting has been held in the last 6 months 1 = No general staff meetings have been held in the last 6 months 2 = At least one general staff meeting has been held in the last 6 months but no documentation is provided 3 = At least one general staff meeting has been held in the last 6 months and is documented	Q6.6
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QUESTION: Has the entire organization (including all branches and projects/programs) met in a retreat, planning, or other meeting at least once in the last 12 months? Could you show me some documentation?

6.7	The entire organization met in a retreat, planning, or other meeting at least once in the last 12 months 1 = No annual meetings have taken place 2 = Yes, an annual meetings has taken place but no documentation is provided 3 = Yes, an annual meetings has taken place and is documented	Q6.7
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QUESTION: Is there a bulletin board in the organization where organizational messages or policy changes are displayed? Could you show it to me?

	OBSERVATION – Notice board	
6.8	A bulletin board or notice board is present to display organization-wide messages or policy changes 1 = Bulletin board is not present 2 = Bulletin board is present but has no messages 3 = Bulletin board is present and displays messages to the staff	Q6.8

[End of Section]

7. Logistics Management

This section is about how the organization manages logistics, supplies and procurement. I have a few initial questions and then, to complete this section, I would like to go to your store room and learn more about the storage and supply system. Does the organization currently provide beneficiaries with supplies from this office (e.g. medicines, soap, fertilizer, educational supplies)?

☐ Yes

☐ No

If Yes, continue to 7.1

If No, skip to 7.2

QUESTION: Does the organization document the specific supply needs of each service or project?

Could you show me the documentation?

7.1	Specific supply needs of each service or project are documented <i>If one supply needs are not documented for one survey, score 2</i> 1 = Supply needs of services or projects are not documented 2 = Not every service or project has their supply needs documented 3 = 100% of services or projects have supply needs documented	Q7.2
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QUESTION: Are specific supply needs for office management and infrastructure documented? Could you show me the documentation?

- Accept section in organizational or project plan

7.2	Specific supply needs for office management and infrastructure are documented 1 = No, supply needs of office supplies are not documented 3 = Yes, supply needs of office supplies are documented	Q7.3
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QUESTION: Are specific supply needs for information technology documented? Could you show me the documentation?

- Accept IT plan

7.3	Specific supply needs for information technology are documented 1 = No, IT supply needs are not documented 3 = Yes, IT supply needs are documented	Q7.4
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QUESTION: Does the organization have a written procurement plan? Could you show it to me?

7.4	Organization has a written procurement plan developed within the last 12 months 1 = No 3 = Yes	Q7.5
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QUESTION: How many storage spaces do you have for beneficiary drugs, supplies, and equipment? Could I see all of them?

- Score any location where supplies are stored, including shelves, desks and room areas
- If multiple choose 1 to score

OBSERVATION – Storage space		Score
7.5	Storage space is protected from theft 1 = Supplies are stored in an unlocked room 2 = Supplies are stored in a locked room but walls, windows or ceiling allow access [easy to break into without the use of sophisticated tools, unsecure] 3 = Supplies are stored in a locked room and all points of entry are secured 8 = N/A, no storage space	Q7.6
7.6	Storage space is protected from sun, rain, and wind (all elements) 1 = No 3 = Yes 8 = N/A, no storage space	Q7.7
7.7	Percentage of items which are labeled in storage <i>Score 2 if one item is found without a label</i> 1 = No items have labels 2 = 1–99% of items in storage have labels 3 = 100% of items in storage have labels 8 = N/A, no storage space	Q7.8
7.8	All items with expiry dates are stored first in first out (FIFO) <i>Check all items with an expiry date - check for expired items and/or items with an earlier expiry date than the expiry date than the items visible.</i> <i>Score 1 if one item is found out of place.</i> 1 = No 3 = Yes 8 = N/A, storage space does not have items with an expiry date or no storage space	Q7.9

QUESTION: Is a refrigerator currently being used to store drugs or supplies? Could you show it to me? Where is the temperature diary/graph?

- Check the temperature diary/graph: Temperature should be recorded twice a day and the temperature should be between 4 and 8 degrees Celsius

7.9	Cold chain is maintained 1 = Temperature not recorded twice a day in the last month AND is not always between 4 and 8 degrees Celsius 3 = Temperature always recorded twice a day in the last month AND is always between 4 and 8 degrees Celsius 8 = N/A, refrigerator not used to store drugs or supplies	Q7.10
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I would now like to look at your bin cards. I will select 5 items in the store and would like to see bin cards for these 5 items.

Select five supplies you see in the storage room. Select service delivery or office supplies (e.g. medicines, soap, condoms, paper, pens, syringes, needles, school bags). For each supply:

- *Request the bin card*
- *Count the number of items in the storage room for each supply and see if they correspond to the number on the bin card*
- *Fill in the table below*

	Item	Bin card available (Y/N)	Bin card correct (Y/N)
1			
2			
3			
4			
5			
	Total Yes		

Based on this table, complete the section below.

7.10	Percentage of items that use bin cards <i>Based on sample of 5 bin cards. If 7.6–7.8 scored 8=N/A, then score 8</i> 1 = No bin cards used or bin cards not provided 2 = 20–80% of items use bin cards 3 = 100% of items use bin cards 8=N/A, organization does not have a storeroom	Q7.21
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If 2 or 3, continue to 7.11

If 1 or 8, skip to 7.12

7.11	Percentage of Bin cards that are up-to-date <i>Based on sample of 5 bin card. If 7.6–7.8 scored 8=N/A, then score 8</i> 1 = No bin cards up to date 2 = 20–80% of bin cards up to date 3 = 100% of bin cards are up to date 8=N/A, organization does not have a storeroom	Q7.22
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QUESTION: Do written guidelines exist for issuing items from storage? Could you show these to me?

- Accept requisition forms, log book, logistics management policies

7.12	Written guidelines exist for issuing items from storage <i>If 7.6 –7.8 scored 8=N/A, then score 1</i> 1 = No 3 = Yes	Q7.11
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QUESTION: Could you show me the record of beneficiaries who received supplies?

- Identify number and range of supplies provided to beneficiaries, and ask to see documentation
- Should be answered by individual responsible for supply distribution (may not be store keeper)

7.13	Organization records which beneficiaries received supplies <i>If one beneficiary receiving supplies is not recorded, score 2</i> 1 = Records on supplies received by beneficiaries are not recorded 2 = Between 1% and 99% of supplies received by beneficiaries are recorded 3 = 100% of supplies received by beneficiaries is recorded 8 = N/A, organization does not provide supplies to beneficiaries	Q7.12
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QUESTION: Does the organization have a written inventory? Could you show me?

- Only accept an institutional inventory that includes all items (office supplies and beneficiary supplies)

7.14	Organization has a written inventory 1 = No 2 = Yes, BUT inventory includes either assets or consumables but not both 3 = Yes, inventory includes both assets and consumables, if applicable	Q7.13
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If 2 or 3, continue to 7.15

If 1, skip to 7.20

QUESTION: Do you have an inventory for supplies/disposable assets?

If Yes, examine the disposable asset inventory and score

If No, does the organization have a fixed assets interview? Score using this.

Could you show me the following in the inventory?

- List of items
- Expiry dates for items
- Date of receipt for items
- Date of distribution of each item

	Look at inventory and score	Score
7.15	Inventory identifies all items by name 1 = No 3 = Yes	Q7.14
7.16	Inventory identifies all items by quantity 1 = No 3 = Yes	Q7.15
7.17	Inventory records expiry date for all items (if relevant) 1 = No 3 = Yes 8 = N/A, organization does not have items with an expiry date	Q7.16
7.18	Inventory records date of receipt of all items 1 = No 3 = Yes	Q7.17
7.19	Inventory records date of distribution of all items 1 = No 3 = Yes 8 = N/A, items are not distributed outside the organization	Q7.18

QUESTION: Does the organization have an asset management and disposal policy?

Could you show this to me?

7.20	An asset management and disposal policy exists 1 = No 3 = Yes	Q7.19
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QUESTION: How does the organization set minimum and maximum thresholds for resupply of supplies? Could you show me the documentation process?

- Accept bin cards, order forms, procurement plan, logistics management policy
- Not applicable for materials ordered and distributed in single order/distribution

7.21	Minimum and maximum thresholds for resupply of supplies have been set <i>If 7.6–7.8 scored 8=N/A, then score 8</i> 1 = No 3 = Yes 8 = N/A, organization does not provide supplies to beneficiaries	Q7.20
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[End of Section]

Section 7: LOGISTICS MANAGEMENT	Check if complete	
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8. Quality Management

This section is about quality management and has some questions about the populations the organization serves and training provided to staff that deliver services. Parts of this section may need to be completed with the data manager. Please involve the data manager when you feel it is appropriate.

QUESTION: Could you show me a map of the area the organization works in? On this map, could you show me the following key elements:

- Accept a project specific map

Fill in the table below:

	Key element	Is it included on the map? (Y/N)
1	Defined boundaries	
2	Population centers/size	
3	Access routes	
4	Barriers to access	
5	One or more other local services (e.g. school, police, church, HIV testing centers)	
	Total Yes	

Based on this table, score 8.1

OBSERVATION – Map of target population		Score
8.1	Target population has been mapped 1 = Target population has not been mapped 2 = Target population has been mapped and map contains 4 or less defined elements 3 = Target population has been mapped and map contains all 5 defined elements	Q8.1

QUESTION: Have target populations been numerically defined? For each population, have the total number of beneficiaries the organization plans to serve been defined? Could you show me the documentation?

8.2	Target populations have been numerically defined 1 = No knowledge of target population(s) 2 = Total population served is known OR at the size of at least one target population is known 3 = Size of every target population is known	Q8.2
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8.3	For every target population, the total number of beneficiaries the organization plans to serve or enroll has been numerically defined 1 = No knowledge of beneficiary population(s) 2 = The total number of beneficiaries the organization plans to serve or enroll is numerically defined for one target population but not all 3 = The total number of beneficiaries the organization plans to serve or enroll is numerically defined for every target population OR the NGO only has one target population and the beneficiaries have been numerically defined	Q8.3
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Look at the Organizational Profile (Q5.1). Select 4 projects.

QUESTION: Do you have enrolment criteria for projects the organization delivers? Could you show these to me?

- Accept project plan or document which defines which beneficiaries should receive services

	Project	Enrolment criteria (Y/N)
1		
2		
3		
4		
	Total	

Use information in table to score.

8.4	Percentage of projects for which enrollment criteria have been defined 1 = No projects have defined enrollment criteria, or enrolment criteria exist but are not documented 2 = 25 – 75% of projects have defined enrollment criteria which are documented 3 = 100% of projects have defined enrollment criteria which are documented	Q8.4
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QUESTION: Has a service needs assessment been conducted for the population within the last five years? Was this formally documented? Could you show it to me? What date was this conducted?

- Accept either an internal or external assessment/report of needs of the population the organization is serving, or a project needs assessment

8.5	A service needs assessment has been conducted for the population within the last five years 1 = No needs assessment has been conducted 2 = An informal needs assessment is used to guide activities but is not formally documented 3 = A needs assessment has been carried out and formally documented	Q8.5
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QUESTION: Has the organization defined the rights of beneficiaries/clients? Can you show this to me?

8.6	Beneficiary rights are defined 1 = Beneficiary rights have not been defined 2 = Beneficiary rights have been defined but not documented 3 = Beneficiary rights have been defined and documented	Q8.6
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If Yes, continue to 8.7

If No, skip to 8.8

QUESTION: Could you show me where the rights of beneficiaries are posted?

OBSERVATION – Beneficiary Rights		
8.7	Beneficiary rights are posted in gathering spaces at the organization 1 = Beneficiary rights are not posted 2 = Beneficiary rights are displayed in English only 3 = Beneficiary rights are clearly displayed in the local language <u>and/or</u> in pictorial form	Q8.7

Look at the Organizational Profile (Q5.1). Select 4 projects

QUESTION: Does the organization have service delivery standards defined for each Project? Could I see them?

- Accept national standards manual, national quality standards, or organizational standards manual

	Project	Service Delivery Standards (Y/N)
1		
2		
3		
4		
	Total	

Use information in table to score.

8.8	Percentage of Projects that have service delivery standards defined 1 = No projects have service delivery standards defined 2 = 1 – 99% of projects have service delivery standards defined 3 = 100% of projects have service delivery standards defined	Q8.8
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If 2 or 3, continue to 8.9

If 1, skip to 8.12

Randomly select one standards manual

QUESTION: In this standards manual, could you show me the following:

- Guidelines for the routine care and services provided
- Procedures for referral
- Procedures for follow up

	Look at standards manual/service standards and score	
8.9	The manual includes guidelines for the routine care/services provided by the organization/project 1 = No 3 = Yes	Q8.9
8.10	The manual outlines procedures for referral to other organizations 1 = No 3 = Yes 8 = N/A, organization does not refer	Q8.10
8.11	The manual outlines procedures for follow-up by the organization/project 1 = No 3 = Yes	Q8.11

QUESTION: Has a training needs assessment been conducted in the last 12 months for service delivery staff? Could you show it to me? What date was it conducted?

8.12	A training needs assessment been conducted in the last 12 months for service delivery staff 1= A training needs assessment has never been conducted 2 = A training needs assessment has been conducted but more than 12 months ago it has been conducted in the last 12 months, but not documented 3 = A training needs assessment has been conducted in the last 12 months	Q8.12
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QUESTION: How does the organization collect beneficiary feedback? How many different ways is feedback collected?

- Accept formal mechanisms like exit interviews, community meetings, surveys, feedback box
- Accept informal mechanisms like verbal feedback
- Do not accept feedback from volunteers or meeting with volunteers

8.13	Number of mechanisms in place to collect beneficiary feedback 1 = No mechanisms in place to collect client feedback or informal mechanisms in place to collect client feedback 2 = At least one formal mechanism to collect client feedback 3 = Two or more mechanisms in place to collect client feedback	Q8.13
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QUESTION: In the last three months has the organization documented beneficiary feedback

8.14	Organization has documented beneficiary feedback in the last three months 1 = No 3 = Yes	Q8.14
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QUESTION: Does the organization have a process in place to discuss and act on beneficiary feedback? Could I see documentation?

8.15	Organization has a process in place to discuss and act on beneficiary feedback 1 = No process to discuss and act on beneficiary feedback 2 = Process reported but not documented 3 = Process documented	Q8.15
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[End of Section]

Section 8: QUALITY MANAGEMENT	Check if complete	
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9A. Management of Information

I would now like to ask you about how the organization manages data and information. Some of the questions in this section may need to be completed with the data manager. Please let me know when it would be appropriate to include the data manager.

QUESTION: Could you show me the written policies or manuals for information management?

- Accept organizational guidelines, not project specific guidelines

9.1	Written policies or manuals for information management exist 1 = No 3 = Yes	Q9.1
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If Yes, continue to 9.2

If No, skip to 9.6

QUESTION: In these policies, could you show me the following:

- Guidelines for data entry
- Guidelines for reporting data
- Guidelines for storage of data
- Guidelines for confidentiality

9.2	Policies/manuals include guidelines for data entry 1 = No 3 = Yes	Q9.2
9.3	Policies/manuals include guidelines for reporting data 1 = No 3 = Yes	Q9.3
9.4	Policies/manuals include guidelines for storage of data 1 = No 3 = Yes	Q9.4
9.5	Policies/manuals include guidelines for confidentiality 1 = No 3 = Yes	Q9.5

Does the organization have data on beneficiaries it is currently serving?

☐ **Yes**

☐ **No**

If Yes, continue to 9.6

If No, skip to 9.11

QUESTION: Do beneficiaries have individual files? Are these for projects the organization is currently implementing?

- Do not accept files which are for projects that have been phased out
- Accept paper or electronic files

9.6	Each beneficiary has their own individual file 1 = No individual files 2 = 1–99% of beneficiaries have their own individual files 3 = 100% of beneficiaries have their own individual files 8 = N/A beneficiary files are in the branch office OR no need for individual files	Q9.6
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If Yes, continue to 9.7

If No, skip to 9.11

QUESTION: Could I see the filing system for beneficiary data?

Complete the following table

	Filing system components	Project name (Y/N)				TOTAL YES
		Project 1 (Y/N)	Project 2 (Y/N)	Project 3 (Y/N)	Project 4 (Y/N)	
1	Beneficiaries are assigned unique ID numbers					
2	Beneficiary files are organized/filed based on unique ID numbers					
3	Files are stored in a secure location					
4	Paper files are protected from the elements					

Use the information in the table to score 9.7–9.10

9.7	Beneficiaries are assigned unique ID numbers 1 = No projects have assigned beneficiaries unique ID numbers 2 = 25 – 75% of projects have assigned beneficiaries unique ID numbers 3 = 100% of projects have assigned beneficiaries unique ID numbers 8 = N/A, beneficiary files are in the branch office OR no need for individual files	Q9.7
9.8	Beneficiary files are organized/filed based on unique ID numbers 1 = No projects have beneficiary files organized/filed based on unique ID numbers 2 = 25 – 75% of projects have beneficiary files organized/filed based on unique ID numbers 3 = 100% of projects have beneficiary files organized/filed based on unique ID numbers 8 = N/A, beneficiary files are in the branch office OR no need for individual files	Q9.8
9.9	Files are stored in a secure location [Paper files in a locked room and cabinet; electronic files are password-protected; all files should be stored in a secure location including beneficiaries from phased out projects or graduates]	Q9.9

	1 = No projects have paper files stored in a locked room and cabinet and/or no electronic files are password protected 2 = 25 – 75% of projects have paper files stored in a locked room and cabinet and/or electronic files are password protected 3 = 100% of projects have paper files stored in a locked room and cabinet and/or electronic files are password protected 8 = N/A, beneficiary files are in the branch office OR no need for individual files	
9.10	Paper files are protected from the elements 1 = No projects have paper files protected from the elements 2 = 25 – 75% of projects have paper files protected from the elements 3 = 100% of projects have paper files protected from the elements 8 = N/A, beneficiary files are in the branch office OR no need for individual files	Q9.10

QUESTION: How often are data files backed up? When was the last time your data was backed up?

- Includes beneficiary data and program data
- Accept external hard drive, remote server, cloud-based backup

9.11	Data files are backed up regularly 1 = Data are not backed up 2 = Data are backed up monthly 3 = Data are backed up weekly or more often 8 = N/A, organization does not have computers	Q9.11
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Look at the Organizational Profile (Q5.1)

QUESTION: Could I look at your data entry and data management systems for the first four projects listed in the Organizational Profile?

QUESTION: For each project could you show me:

- **Last month's data entry sheet**
 - Check if it is complete
- **The codebook**
 - Accept codebook if it defines the attributes for each variable
- **How the data entry system forces validation of variables**
 - Accept drop down menus or logic checks (e.g. not allowing male and mother to be entered or HIV negative and on ART)

- **The baseline data set**
 - Accept DHS data, population based sample survey, excel spreadsheet with baseline data
- **How you can generate an automatic report using the data**
- **How data can be extracted on demand – could you show me whether you can break down data on each service provided by age and gender?**
 - Ask the project to produce a report (either on paper, or on the computer screen) that breaks down services delivered in the last 3 months by sex and age (e.g. HIV+ men, receiving ART service in the last month; OVC under the age of 5 receiving food supplement in the last 3 months; or Pregnant women who received Tetanus Toxoid immunization at least once during their pregnancy)

Complete the following table

	Data system components	Project name (Y/N)				TOTAL YES
		Project 1 (Y/N)	Project 2 (Y/N)	Project 3 (Y/N)	Project 4 (Y/N)	
1	All data collected is entered within a month of collection					
2	Codebook defines the attributes of each variable					
3	Data entry system forces validation of variables (score N if paper-based system)					
4	Baseline data set exists					
5	Data management system generates automatic, pre-defined reports (score N if paper-based system)					
6	System allows data to be extracted on demand					

Use the information in the table to score 9.12–9.17

	Look at data systems and score	Score
9.12	Percentage of projects in which data is entered into the information system within a month of collection 1 = Data entry for 0 projects is up to date 2 = Data entry for 25 – 75% of projects is up to date 3 = Data entry for 100% of projects is up to date	Q9.12
9.13	Percentage of projects that have a codebook that defines the attributes of each variable 1 = No projects have a codebook 2 = 25 – 75% of projects have a codebook 3 = 100% of projects have a codebook	Q9.13
9.14	Percentage of projects that have a data entry system which forces validation of variables 1 = No projects force validation of variables 2 = 25 – 75% of projects force validation of variables 3 = 100% of projects force validation of variables	Q9.14
9.15	Percentage of projects with a baseline data set 1 = No projects have baseline data sets 2 = 25–75% of projects have baseline data sets 3 = 100 % of projects have baseline data sets	Q9.15
9.16	Percentage of projects that enable generation of pre-defined reports 1 = 0 projects generate automatic and pre-defined reports 2 = 25 – 75% of projects generate automatic and pre-defined reports 3 = 100% of projects generate automatic and pre-defined reports	Q9.16
9.17	Percentage of projects whose information systems allow data to be extracted on demand 1 = 0 projects allow data to be extracted on demand 2 = 25 – 75% of projects allow data to be extracted on demand 3 = 100% of projects allow data to be extracted on demand	Q9.17

QUESTION: Is data on project outcomes displayed? Could you show me where?

- Accept computer print-outs or flip charts that display tables, graphs, or other visual displays of project outcomes - accept displays which show changes over time due to projects
- Do not accept displays if they are 3 months out of date or more

OBSERVATION – Data on project outcomes		Score
9.18	Data on project outcomes is displayed in spaces where staff work 1 = No 3 = Yes	Q9.18

Section 9A: MANAGEMENT OF INFORMATION	Check if complete	
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9B. Management of Information

I would now like to ask you about how the organization manages data and information. Some of the questions in this section may need to be completed with the data manager. Please let me know when it would be appropriate to include the data manager.

QUESTION: Does a knowledge management strategy exist? Could you show it to me? If no, has the organization discussed how project achievements, successes, lessons learned and best practices will be shared, disseminated and discussed externally?

9.19	A knowledge management strategy exists 1 = No knowledge management strategy exists 2 = Knowledge management strategy has been discussed but not documented 3 = Written knowledge management strategy exists	Q9.19
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QUESTION: Has the organization produced a best practices/lessons learned document in the last 12 months for external stakeholders? Could you show me the documentation?

- Accept report, brochure, leaflet, power point presentation, film, section on a website

9.20	Organization produced a best practices/lessons learned document in the last 12 months? 1 = No 3 = Yes	Q9.20
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QUESTION: How does the organization disseminate best practices/lessons learned to external stakeholders? What communication channels are used?

- Accept Web site, Facebook page, twitter feed, regularly scheduled dissemination meetings, regularly scheduled networking meetings, external mailing list

9.21	Organization has two or more defined channels for dissemination of best practices/lessons learned 1 = No 3 = Yes	Q9.21
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Section 9B: MANAGEMENT OF INFORMATION	Check if complete	
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10. Financial Management and Budgeting

I have some questions about financial management and budgeting and would also like to learn more about your financial management system. It may be useful to discuss some of the questions in this section with the finance manager. Please let me know when it would be most appropriate to involve the finance manager.

QUESTION: Does the organization have a written budget for the current fiscal year? Could you show me the organizational budget and the project budgets?

10.1	The organization has a written budget for the current fiscal year 1 = The organization does not have a written budget 2 = The organization only has budgets which are project specific 3 = The organization has budgets which are project specific and also has an organizational budget	Q10.1
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Use the Organizational Profile (5.1). If there is an organizational budget select this and three project budgets and complete the table below. If there is no organizational budget, select 4 project budgets.

QUESTION: Could you show me all your budget reports produced and/or submitted to a donor in the last 4 months for 4 projects?

- Accept the most recent report for project if multiple prepared or submitted in past 4 months

	ORGANIZATION/PROJECT BUDGET	BUDGET REPORT Produced
1	Organizational budget	
2	Project 1 Budget	
3	Project 2 Budget	
4	Project 3 Budget	
5	Project 4 Budget (If there is no organizational budget)	

Use the information in the table to score 10.2.

10.2	The percentage of projects that have prepared a budget report within the last 4 months 1 = 0% of projects prepared budget reports in the last 4 months 2 = 25–75% of projects prepared budget reports in the last 4 months 3 = 100% of projects have prepared budget reports in the last 4 months	Q10.2
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If Yes, continue to 10.3

If no, skip to 10.4

QUESTION: In all of these budget reports could you show me where the difference between actual and budgeted expenses is highlighted?

	Look at budget reports and score	Score
10.3	Budget reports identify the difference between actual and budgeted expenses <i>If one budget report does not identify this, score 1</i> 1 = No 3 = Yes	Q10.3

QUESTION: Has the management team met to discuss the operating budget at least once during the last three months? Could I see documentation from one of these meetings?

- Accept meeting minutes or an e-mail reporting on the meeting
- Do not accept an agenda
- For a branch office, do not accept minutes or a report of the headquarters office

10.4	Management met to discuss the operating budget at least once during the last three months 1 = Management has not discussed the operating budget during meetings in the last three months 2 = Management reports the operating budget was discussed during meetings in the last three months but no documentation is presented 3 = Management reports the operating budget was discussed during meetings in the last three months and documentation is provided	Q10.4
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QUESTION: Does the organization have written financial management policies/manual? Could you show these to me?

10.5	Organization has written financial management policies/manual 1 = No 3 = Yes	Q10.5
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QUESTION: Does the organization employ a full or part-time bookkeeper or finance manager?

10.6	Organization employs a full or part-time bookkeeper or finance manager 1 = No 3 = Yes	Q10.6
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QUESTION: Does the organization use a computerized financial management system? Could I see it? Do all branches of the organization use this system? Is it synched on a weekly basis between HQ and branch offices?

- Do not accept an excel spreadsheet or other non-financial management software
- If the financial management software package is not used in the branch offices, score 2
- If the financial management software package is used in branch offices but is not synched with head office at least weekly, score 2

10.7	A computerized financial management system is used 1 = Financial management is entirely paper based or non-financial management software (Excel etc.) 2 = A financial management software package is not used throughout the entire organization or if used, is not integrated throughout the organization 3 = A financial management software package is used throughout the entire organization	Q10.7
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QUESTION: Can your finance management system provide a report on all of the following:

	Y/N/N/A
Expenditures for each project in the last 3 months	
Balance remaining in the bank for projects today	
Amount of money owed to creditors	
Total	

Would you be able to produce each of these reports immediately within 24 hours? If not, how long would it take you to provide each item?

10.8	The financial management system can generate summary information within a day of request <i>If financial management is a completely paper based system, score 1</i> 1 = Unable to generate any of the requested information in 24 hours 2 = 1 or 2 of the requested items can be generated within 24 hours 3 = All the requested information can be generated within 24 hours	Q10.8
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QUESTION: How often are financial management files backed up? When was the last time files were backed up?

- Accept external hard drive, remote server, cloud-based backup

10.9	Financial management files are backed up regularly 1 = Files are not backed up 2 = Files are backed up monthly 3 = Files are backed up weekly or more often	Q10.9
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QUESTION: When was the last external audit conducted? Could you show me the audit report?

- Do not accept an internal audit report
- Check the date of the audit

10.10	The financial system has received an external audit within the last 12 months 1 = No, external audit conducted in the last 12 months, or no documentation of the audit 3 = Yes, external audit conducted in the last 12 months	Q10.10
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QUESTION: Were there any recommendations from the audit?

If no, score 10.10 as 3. If audit took place in the last 3 months, score 8

If yes, could I see the recommendations? Have these been addressed? Could I see documentation?

- Look at documentation certifying recommendations have been corrected

10.11	Percentage of recommendations from the audit that have been corrected <i>If you find one recommendation which has not been corrected, score 1</i> 1 = 0% of recommendations have been addressed 2 = Less than 100% of recommendations have been corrected 3 = 100% of recommendations have been corrected OR no recommendations in audit 8 = N/A = Audit took place in the last 3 months	Q10.11
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[End of Section]

Section 10: FINANCIAL MANAGEMENT AND BUDGETING	Check if complete	
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11A. Financial Security and Fundraising

This is the final section of the interview. This section is about the organization's current financial status and fundraising. I would like to ask you for some information from the organization's financial management system to complete this section.

Look at Section 3 in the Organizational Profile.

QUESTION: Does the organization have funds independent of project funds (this includes an endowment fund, financial reserves etc.)? Is the information in the Organizational Profile correct?

	Score based on the Organizational Profile	Score
11.1	The organization has discretionary funds independent of project-specific funds 1 = No 3 = Yes	Q11.1

QUESTION: What is the organization's average monthly burn rate for the last 12 months? Please include all of the organization's projects.

- Accept burn rate in the last fiscal year (this may be in the last audit report)

A. Average monthly burn rate: _____ (local currency)

B. Average monthly burn rate x 3: _____ (local currency)

If the organization is unable to calculate the average monthly burn rate, ask for the total amount of money spent in the last fiscal year and divide this number by 12 (months).

QUESTION: What is the organizations total bank balance today? Please include all of the organization's bank accounts and reserves.

C. Total bank balance: _____ (local currency)

If (B) the monthly burn rate x 3 is less than (C) the bank balance, score 11.2 as Yes

	Score financial capacity based on information above	Score
11.2	Organization has the financial capacity to cover at least the next 3 months expenses 1 = No 2 = No, but organization has financial capacity to cover next 2 months expenses 3 = Yes, organization has financial capacity to cover next 3 months expenses	Q11.2

Look at the Q 5.1 in the Organizational Profile to complete the following

- A. Total amount of funding from the largest donor for the current fiscal year (ex. If received \$25 million grant for 5 year period, current year funding from donor is \$5 million): _____ (local currency)
- B. Total amount of funding for the current fiscal year: _____ (local currency)
- C. Percentage of current projects funds that come from the largest donor,
 (A) divided by (B): _____ %

	Look at Organizational Profile and the information above to score:	Score
11.3	Percentage of current project funds that come from the largest donor 1 = 80–100% of funds from a single donor 2 = 40–79% of funds from a single donor 3 = less than 40% from a single donor	Q11.3

Look at Section 3 in the Organizational Profile

11.4	Number of new grants the organization has received from local institutions in Ethiopia in the last 12 months 1 = 0 grants from local sources 2 = 1 grant from local sources 3 = 2 or more grants from local sources	Q11.4
11.5	Number of new grants or donations received from individuals in Ethiopia in the last 12 months 1 = 0 grants or donations from local individuals 2 = 1 – 10 grants or donations from local individuals 3 = 10 or more grants or donations from local individuals	Q11.5

11.6	Number of new grants the organization has received from international organizations in the last 12 months 1 = 0 grants won from international organizations 2 = 1 grant won from international organizations 3 = 2 or more grants won from international organizations	Q11.6
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[End of Section]

Section 11A: FUNDRAISING	Check if complete	
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11B. Financial Security and Fundraising

This is the final section of the interview. This section is about the organization's current financial status and fundraising. I would like to ask you for some information from the organization's financial management system to complete this section.

Look at Section 3 in the Organizational Profile.

QUESTION: Could you show me the list of funding proposals for new funding submitted in the last 12 months (regardless of whether they were funded or not)?

11.7	The organization has a written record of funding proposals for new business submitted in the last 12 months 1 = No 3 = Yes	Q11.7
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QUESTION: Is there a designated staff member or team responsible for fundraising? Could you show me a job description?

- Accept section or line in a job description
- If the responsibility for fundraising is delegated from the executive director, ask to see line in a job description

11.8	There is a designated staff member or team responsible for fundraising 1 = No 3 = Yes	Q11.8
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QUESTION: Has the organization consulted stakeholders on funding priorities? Could you show me the documentation?

- Accept minutes, or notes of a meeting
- For Head Office accept consultation on strategic plan IF it included funding priorities
- For branch offices do not accept consultation conducted by HQ

11.9	Organization has involved stakeholders in funding 1 = No consultation with external stakeholders 2 = Consultation reported but not documented 3 = Consultation documented	Q11.9
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QUESTION: Does the organization have a fundraising plan? Could you show me? Was this plan developed in the last 12 months?

- For branch offices do not accept a fundraising plan developed by the Head Office, the plan must be branch-specific

11.10	A fundraising plan was developed in the last 12 months 1 = No plan exists 2 = Yes, fundraising plan reported but not documented, or documented not dated 3 = Yes, a written fundraising plan exists and was developed within the last 12 months	Q11.10
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If Yes, continue to 11.11

If no, skip to the end of the interview

	Look at fundraising plan and score:	Score
11.11	Fundraising plan identifies short-term, medium-term, and long-term funding opportunities 1 = Fundraising plan identifies only short-term (0–1 years) funding opportunities 2 = Fundraising plan identifies short-term (0–1 years) and medium-term (1–3 years) funding opportunities 3 = Fundraising plan identified short-term (0–1 years), medium-term (1–3 years), and long-term (3–5+ years) funding opportunities	Q11.11

[End of Section]

Section 11B: FUNDRAISING	Check if complete	
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Staff Survey

Organizational Development Assessment The Center for Global Health and Development (CGHD), Boston University

Round 1

Introduction

Thank you for agreeing to participate in this survey.

Boston University is working with local NGOs in Nigeria to evaluate the development and capacity of NGOs. This survey will allow us to understand your organization's stage of development, identify strengths and highlight areas where further work is needed in order to ensure sustainability of the organization in providing services to highly vulnerable children.

All responses to the survey will be anonymous. With the exception of the amount of time you've spent with the organization, no personal or confidential information will be solicited either about you or the beneficiaries of the organization. You can choose to not answer any question in the survey.

The information collected from the survey will be aggregated into a report which will assess the current stage of organizational development and provide recommendations to the organization.

The survey should take no more than 30 minutes to complete.

Instructions

1. Please enter the date, name of your organization, and the years you have worked in the organization clearly.
2. For all other questions in Yes/No format, please mark your choice with a tick. If you prefer not to answer the question, please mark box that states "Prefer not to answer".
3. Please do not leave any questions blank.
4. If you have a question about the survey or have questions during the survey please do not hesitate to ask.

Date (dd/mm/yyyy)	
Name of organization	

1	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
2	How long have you worked in the organization?	_____ years _____ months
3	Are you on the management team?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
4	Does the organization have a mission?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer
5	Which populations does the organization serve? <i>Please tick all that apply</i>	<input type="checkbox"/> Children 0–5 years <input type="checkbox"/> Children 6–11 years <input type="checkbox"/> Children 12–18 years <input type="checkbox"/> Young people 18–24 years <input type="checkbox"/> Women of reproductive age <input type="checkbox"/> Pregnant women <input type="checkbox"/> People living with HIV/AIDS <input type="checkbox"/> Orphans and vulnerable children <input type="checkbox"/> People with chronic disease <input type="checkbox"/> Elderly people <input type="checkbox"/> Street children <input type="checkbox"/> Commercial Sex Workers <input type="checkbox"/> Injection drug users <input type="checkbox"/> Men who have sex with men <input type="checkbox"/> Homeless people <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer

6	What services does the organization provide? <i>Please tick all that apply</i>	<input type="checkbox"/> Maternal and child health <input type="checkbox"/> Delivery <input type="checkbox"/> Child survival <input type="checkbox"/> Integrated management of childhood illness <input type="checkbox"/> Nutrition <input type="checkbox"/> Infection disease treatment <input type="checkbox"/> Non-infections disease treatment <input type="checkbox"/> Water, sanitation, and hygiene (WASH) <input type="checkbox"/> Legal protection <input type="checkbox"/> Health education <input type="checkbox"/> Economic strengthening <input type="checkbox"/> School health <input type="checkbox"/> Housing/shelter <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer
7	Does the organization have an organizational chart or a diagram showing the structure of the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer
8	Do you supervise other staff? If no, skip to # 9.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
8A	If <u>yes</u>, do you know who you supervise?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
8B	If <u>yes</u>, have you received training on staff morale and discipline?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
9	Do you know who your supervisor is?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

10	Have you ever been asked to provide feedback on your supervisor's performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
11	Were you recruited after your position was publicly advertised?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer
12	Did you have an interview before you were hired into your current position?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
13	Did you receive a formal orientation when you joined the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
14	How was the director of your organization appointed? <i>Please tick all that apply</i>	<input type="checkbox"/> Appointed by the previous director <input type="checkbox"/> Appointed by the General assembly <input type="checkbox"/> Recruited by advertisement and interviewed <input type="checkbox"/> Do not know OR appointed before you joined the organization <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer
15	Do you receive a written summary of General Assembly meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
16	Do you receive a written summary of Board of Directors meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
17	Does the organization have a strategic plan? If no, skip to # 18.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer
17a	If yes, were you involved in developing the organization's strategic plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

18	In the last 4 months, have you discussed the annual plan in meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
19	Does the organization have an ethical code of practice or code of conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer
20	Do you have a written job description?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
21	In the last 12 months, have you had a performance evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
22	Do you have written targets for your work for the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
23	Do you have a written personal work plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
24	Do you have a written training plan for the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
25	Do you know what to do if you have a complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
26	Does the organization have a complaints policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer

27	Is your physical working environment comfortable? If yes, skip to # 28.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
	27a	<u>If no</u>, why?	<input type="checkbox"/> Too hot <input type="checkbox"/> Too cold <input type="checkbox"/> Too noisy <input type="checkbox"/> Too crowded <input type="checkbox"/> Prefer not to answer
28	Since you joined this organization, have you been promoted?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
29	In the last 12 months, how frequently did you receive training?		<input type="checkbox"/> Never <input type="checkbox"/> Once or twice a year <input type="checkbox"/> Every four months <input type="checkbox"/> Every month <input type="checkbox"/> Prefer not to answer
30	Do you know how to communicate a message to the whole organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
31	In the last 12 months, have you received a written newsletter or an update on the organization from the director of the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
32	In the last three months, have you requested a supply from the storage room? If no, skip to # 33.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
	32a	<u>If yes</u>, how many times was the supply you needed not available?	<input type="checkbox"/> Never <input type="checkbox"/> One to five times <input type="checkbox"/> More than five times <input type="checkbox"/> Prefer not to answer

33	Have you received orientation or training on the rights of beneficiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
34	Does your job involve providing services to beneficiaries? If no, skip to # 35.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
34a	If yes, in the last 12 months, how often did your supervisor observe your work while you were delivering services to beneficiaries?	<input type="checkbox"/> Never <input type="checkbox"/> Once or twice a year <input type="checkbox"/> Every four months <input type="checkbox"/> Every month <input type="checkbox"/> Prefer not to answer
35	Does your job involve collecting data on beneficiaries? If no, skip to # 36.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
35a	If yes, do you use a form, checklist, template or other reporting format?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
36	Have you seen data on the organization's progress and programs in the last 4 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
37	Do you use data collected on beneficiaries to make decisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
38	Have you presented the organization's successes and/or best practices to external stakeholders in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

39	Does the organization reimburse you for any expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
39a	If <u>yes</u> , how long does this take?	<input type="checkbox"/> Seven days or fewer <input type="checkbox"/> More than seven days <input type="checkbox"/> Prefer not to answer

40. Please look at the groups listed in the table below and indicate with a tick how often you have contact with each group.

This includes face-to-face meetings, email, phone

Group	Never	Once a year	Twice a year	Every four months	Every month or more often
CBOs					
FBOs					
Local NGOs					
INGOs					
Donors					
Other branches of own organization					
Community committees					
Elected leaders in the community					
Traditional leaders in the community					
Government/ministry officials					
Private sector (private health service providers, private businesses, CSR)					
Beneficiary groups					

Thank you for taking the time to answer these questions. Please review your answers to make sure that you answered all of the questions to the best of your knowledge. Please do not hesitate to ask any questions about this survey.

ORGANIZATIONAL PROFILE

Organizational Development Assessment, Boston, MA The Center for Global Health and Development (CGHD), Boston University

Thank you for participating in the Boston University organizational development assessment study. Please complete the ☒ organizational profile below so we can better prepare for the organizational ☐ assessment. Please fill in each field and place an x in the boxes:

Your responses will be used to generate an organizational profile and all responses will be discussed during the assessment.

There are six sections in this profile, which include information on the number of staff, the financial status of the organization, projects currently being implemented and populations served. There are also questions about capacity building assistance received. You may need to consult the data manager and finance manager to complete the profile.

Please return the form to Chukwuemeka Umeh at emmyumeh@bu.edu. Do not hesitate to get in touch if you have any questions or clarifications.

NGO ID Number (To be completed by research team)	
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Name of NGO:	
State:	

1. NGO Overview

Please fill in the table below with information on the entire organization (including all branch offices) as well as information on the Head Office. (Add extra lines as necessary)

1.1	Name of NGO	
1.2	List the states the organization works in:	1. 2. 3. 4.

1.3	List the location of each Branch and Project Office:	1. 2. 3. 4.
1.4	Year the organization was founded:	
1.5	Date the Head Office opened:	
1.6	Number of executive directors since the organization was founded:	
1.7	How many years has the current executive director led the organization	

Staff and Volunteers

1.8	Total number of staff: (include head office and all other offices) (include cleaners, drivers etc.)	Male:	Female:
		Total:	
1.9	Number of staff in head office (include cleaners, drivers etc.)	Male:	Female:
		Total:	
1.10	Total number of volunteers: (include head office and all other offices)	Male:	Female:
		Total:	
1.11	Total number of volunteers in Head Office:	Male:	Female:
		Total:	

Management Team

1.12	<u>Please write YES beside each position that is part of the management team</u>	
	<input type="checkbox"/> Executive Director	
	<input type="checkbox"/> Finance Director/Manager	
	<input type="checkbox"/> Administrative Director/Manager	
	<input type="checkbox"/> Human Resources Director/Manager	
	<input type="checkbox"/> Program Director/Manager	

	<input type="checkbox"/> Information Director/Manager	
	<input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Other	

Funding and Assets

1.13	Largest grant received in the last five years (local currency) and donor:	Amount: _____ Start date: _____ End date: _____ Donor: _____
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2. Mission and Values

In the table below, please fill in your organization's mission and values

2.1 Mission statement:	<div style="border: 1px solid black; height: 60px; margin-bottom: 5px;"></div> <input type="checkbox"/> No mission statement
2.2 Organizational values:	<div style="border: 1px solid black; height: 60px; margin-bottom: 5px;"></div> <input type="checkbox"/> No defined organizational values

Populations & Services

2.3	Please select all populations served by the organization	<input type="checkbox"/> Children 0–5 years <input type="checkbox"/> Children 6–11 years <input type="checkbox"/> Children 12–18 years <input type="checkbox"/> Young people 18–24 years <input type="checkbox"/> Women of reproductive age <input type="checkbox"/> Pregnant women <input type="checkbox"/> People living with HIV/AIDS <input type="checkbox"/> Orphans and vulnerable children <input type="checkbox"/> People with chronic disease <input type="checkbox"/> Elderly people <input type="checkbox"/> Street children <input type="checkbox"/> Commercial sex workers <input type="checkbox"/> Injection drug users <input type="checkbox"/> Men who have sex with men <input type="checkbox"/> Homeless people <input type="checkbox"/> Other
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2.4	Please select all services provided by the organization	<ul style="list-style-type: none"><input type="checkbox"/> Maternal and child health<input type="checkbox"/> Delivery<input type="checkbox"/> Child survival<input type="checkbox"/> Integrated management of childhood illness<input type="checkbox"/> Family planning<input type="checkbox"/> Nutrition<input type="checkbox"/> Infectious disease treatment<input type="checkbox"/> Non-infectious disease treatment<input type="checkbox"/> Water, sanitation, and hygiene (WASH)<input type="checkbox"/> Legal protection<input type="checkbox"/> Health education<input type="checkbox"/> Economic strengthening<input type="checkbox"/> School health<input type="checkbox"/> Housing/shelter<input type="checkbox"/> Other
-----	--	--

3. Funding and Grant Applications

*Please complete the information about the organization's annual budget, and **new** grants in the last 12 months.*

3.1 What was the organization's annual budget at the end of the last fiscal year?

_____ (local currency) _____ Fiscal Year End
Date

3.2 Does the organization have discretionary funds that are not tied to a project?

Include an endowment fund, financial reserves etc.

☐ Yes

☐ No

What is the current total amount of discretionary funds (local currency)? _____

3.3 If the organization has not currently have discretionary funds, has there been a time in the past when there were discretionary funds not tied to a project?

☐ Yes

☐ No

3.4 In the last 12 months, how many new grants/donations have the organization received from local institutions based in country?

Include local or central government, other organizations or foundations in Ethiopia

☐ Zero grants/donations received from local sources

☐ 1 grant /donation received from local sources

☐ 2 or more grants/donations received from local sources

3.5 What is the total amount of new grants received from local institutions in the country in the last 12 months (local currency)? _____

3.6 In the last 12 months, how many new donations have the organization received from individuals in the country?

Include funds generated from fundraising activities

☐ Zero donations from individuals

☐ 1–10 donations from individuals

☐ 10 or donations/grants from individuals

3.7 What is the total amount of new grants/donations received from individuals in the last 12 months (local currency)? _____

3.8 In the last 12 months, how many new grants from international organizations has the organization won?

- ☐ Zero grants from international organizations
- ☐ 1 grant from international organizations
- ☐ 2 or more grants from international organizations

3.9 What is the total amount of new grants from international organizations that the organization won in the last 12 months (local currency)? _____

4. Governance

Please complete the information about the organization's Board of Directors.

Board of Directors

4.1 Does the organization have a Board of Directors?

☐ Yes

☐ No

4.2 If yes, which year was the Board formed? _____

4.3 How many voting members does the Board of Directors have? _____

4.4 What is the composition of the Board of Directors by gender?

Please only include voting members

Gender	Number of members
Male	
Female	
Total	

4.5 Please fill in the table below to show the affiliation of Board Members

Please only include voting members

	Number of members
Government representatives	
NGOs, CBOs, FBOs	
Private sector	
Staff of the organization	
Other external members	
Total	

4.6 In the last 12 months, how many times did the Board of Directors meet?

4.7 Please list the date of each meeting held in the 12 months.

1. _____

3. _____

2. _____

4. _____

5. Current Projects and Populations Served

5.1 Please complete the table below for all the projects the organization is currently implementing

Please include projects in all the branch offices. Please do not include projects that have been phased out.

Please add rows as necessary.

	a. Name of Project	b. Donor	c. State(s) project is being executed	d. Total funding for project	e. Target population(s) (e.g., HVC, pregnant mothers, people living with HIV)	Duration		h. Was capacity building support provided as part of this project? (Yes/No)
						f. Start date	g. Expected end date	
1.								
2.								
3.								
4.								
5.								
6.								
7.								

6. Capacity Building Assistance

6.1 Please complete the table below on the types of capacity building support you received in the last 2 years, who provided this support, and what type of support was provided.

Please only include support received not planned.

a. Type of capacity building assistance (E.g. human resources, resource mobilization, strategic planning, financial management etc.)	b. When was this capacity building assistance provided? (month/year)	c. Form of capacity building support (E.g. training, secondment, supportive supervision, technical assistance, visits, experience sharing etc.)	d. Who provided this assistance? (Name of donor or organization)

Thank you very much for taking the time to complete these questions. Please check that all sections have been completed. We look forward to working with you to complete the organizational assessment.

Please email this form to [CONTACT INFO].

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CURRICULUM VITAE

Chukwuemeka Anthony Umeh MBBS MPH DrPH

Boston University Center for Global Health and Development. emmyumeh@bu.edu

SUMMARY OF QUALIFICATION

Public health physician with over 12 years' experience in clinical practice, community and facility based research, program development, program implementation and program evaluation. Over 5 years' experience as medical officer in-charge of a public hospital in Nigeria. Has working experience in Nigeria, United States and Ethiopia. A highly motivated, result oriented, visionary team player with good analytical, writing and interpersonal skills.

Core Strengths and Areas of Expertise

✓ Program implementation and evaluation	✓ Community health outreaches
✓ Hospital management	✓ Continuous quality improvement
✓ Capacity assessment and capacity building of organizations	✓ Research Protocol development and management
✓ Community-based behavior change campaigns	✓ Data collection and analysis, proficient in the use of SAS, R and Nvivo
✓ Meta-analysis and systematic literature review	✓ Scientific Presentations and Publications

EDUCATION

Doctor of Public Health Candidate, Boston University USA 2016

- Concentration in Leadership, Policy and Management

Master's in Public Health (MPH). Boston University USA. 2013

- Concentration in Global Health
- Concentration in Maternal and Child Health

Bachelor of Medicine, Bachelor of Surgery (MBBS). University of Nigeria. 2003

WORK EXPERIENCE

Research Assistant, Pharmaceutical Access Initiative Evaluation Study. Boston University Center for Global Health and Development. April 2016 – June 2016.

- Literature review of pharmaceutical access initiatives of 20 major international drug companies

Organizational Development Technical Specialist, Boston University's Center for Global Health and Development Capacity Assessment/Building Project. May 2015 – April 2016

- Designed this multi-site cluster randomized controlled field trial
- Coordinated capacity assessment and capacity building of 91 local OVC NGOs in 7 states in Nigeria (Gombe, Bauchi, Enugu, Abia, Akwa Ibom, Rivers and Bayelsa)
- Evaluated impact of capacity building intervention on 91 local NGOs using mixed method
- Managed project budget
- Trained, supervised and coordinated 20 in-country research assistants and 4 supervisors
- Coordinated in-country collaborations with Pact International, Federal Ministry of Women Affairs, and Association of OVC NGOs of Nigeria

HIV (Med-Heart) Program Evaluation Data Analyst, Boston University Health and Disability Study Institute. Jan 2015 – May 2015

- Analyzed qualitative data on evaluation of interventions to improve access to comprehensive, coordinated, and patient centered quality health care for multiple diagnosed HIV patients.

Teaching Fellow, Boston University. September 2014 – May 2015

- Teaching fellow, Introduction to Global Public Health class (Jan 2015 – May 2015)
- Teaching fellow, Qualitative Research Strategies in Global Health class (Sep 2014 – Dec 2014)

Project Field Coordinator, Boston University's Center for Global Health and Development. May 2014 – August 2014.

- Coordinated organizational capacity assessment of 44 local NGOs in Ethiopia

- Evaluated the impact of capacity building technical assistance to 37 local NGOs in Ethiopia
- Trained and supervised eight data collectors
- Conducted key stakeholders interview and analyzed data using SAS and Nvivo

Research assistant, Boston Medical Center. Massachusetts USA. Dec 2013 – May 2014

- Conducted focus group discussions on the challenges faced by Sickle Cell patients in transitioning from pediatric to adult care
- Analyzed qualitative data using Nvivo

Assistant Immunization Officer, Abia State Primary Health Care Agency (MPH internship) July – Aug 2012

- Involved in planning the maternal, newborn and child health week vaccination campaign in 17 local governments of Abia state Nigeria.
- Worked with Abia state World Health Organization to conduct measles and polio surveillance in 17 local governments of Abia state Nigeria
- Analyzed and wrote reports on the contribution of private health facilities to immunization services in Abia state Nigeria and on health services availability and delivery in Abia state

Senior Medical Officer, General Hospital Sagbama Bayelsa State Nigeria. August 2010 – August 2011

- Attending physician to medical, obstetric and pediatric patients.
- Set up a continuous quality improvement process in the hospital that involved regular joint review of case management by the medical team. This resulted in improved care of patients.

Medical Officer in-charge, Cottage Hospital Peremabiri. Bayelsa State Nigeria 2005 – 2010

- Medical director of this public hospital.
- Supervised over 40 staff for a period of 5 years
- Developed skills in hospital administration, program management, conflict resolution, team work, budgeting and finance.

- Coordinated immunization outreaches in 3 rural communities.

Medical Officer, Adagbabiri Comprehensive Health Center. Bayelsa state Nigeria. 2004 – 2005

- Lead Physician, responsible for facility oversight, and provision of all in-patient, out-patient medical, surgical, pediatric, and obstetrics services.

Medical House Officer at Military Hospital Kaduna Nigeria 2003 – 2004

- Provided supervised care for medical, pediatric, surgical and obstetrics cases

COMPUTER AND STATISTICAL ANALYSIS SKILLS

- Proficient in using Microsoft word, excel and power point.
- Proficient in using Nvivo, SAS and R statistical analysis software
- Proficient in Meta-analysis

SCIENTIFIC PUBLICATIONS

Umeh CA, Ahaneku HP. The impact of declining vaccination coverage on measles control: a case study of Abia state Nigeria. PAMJ.2013; 15:105

Umeh CA, Onyi SE, Ahaneku HP. Mobile “doctors” and their medical diagnosis in rural Southern Nigeria: truth or deception? - A public health case report. PAMJ. 2014; 17:148

Oluoha C, **Umeh CA**, Ahaneku H. Assessing the contributions of private health facilities in a pioneer private-public partnership in childhood immunization in Nigeria. JPHIA. 2014; 5: 297

Umeh CA, Onyi SC. Case based rubella surveillance in Abia State, South East Nigeria, 2007–2011. Decaro N, ed. PeerJ 2014;2:e580.

Sobota AE, **Umeh E**, Mack JW. Young Adult Perspectives on a Successful Transition from Pediatric to Adult Care in Sickle Cell Disease. Journal of Hematology Research, 2015, 2, 17-24

Manne-Goehler J, **Umeh C**, Montgomery SP, Wirtz VJ. Estimating the Burden of Chagas disease in the United States (undergoing peer review for publication).

AWARDS AND FELLOWSHIPS

- Delta Omega Honor Society, Boston University School of Public Health. 2013

- Ford Foundation International fellowship for leadership and social justice advocacy 2011
- University of Nigeria College of Medicine Dean's award of excellence 2003
- 2nd place winner Science Teachers Association Nigeria quiz competition 1994
- Certificate of honor in the Shell/Nigerian Conservation Foundation essay competition 1993
- 3rd place winner Better Life Program for Rural Women Imo State essay competition 1991

LETTERS OF COMMENDATION/APPRECIATION RECEIVED

- Letter of commendation for outstanding community services from Adagbabiri community Bayelsa state.
- Letter of appreciation from Community primary school Adagbabiri Sagbama Bayelsa state Nigeria for free deworming of the school pupils